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ORIGINAL ARTICLES.

PERNICIOUS VOMITING OF PREGNANCY DUE TO ACENTONURIA AND ITS TREATMENT WITH LARGE DOSES OF SODIUM BICARBONATE.

BY JAMES C. WOOD, A. M., M. D.

THERE is a general concensus of opinion among the investigators that the pernicious vomiting of pregnancy is due in the vast majority of instances to toxomia.

Diesing, (1) in studying the chemistry of the process, considers the chief element a disturbance of the sulphates set free in the process of digestion, with dimunition in the quantity of iron held in combination in the organism.

Pinard, (2), considers the hepatic element the most important. He believes that the toxic agent is not the same throughout the entire period of pregnancy. In the earlier months it affects the vomiting centers, the arterial tension gradually increasing with very great rapidity of the heart action; while in the later months of pregnancy the central nervous system becomes gradually involved with excessive pulse tension and eclamptic convulsions.

Frigeysi, (3), believes that the acetone in the urine and the increase in the ammonia coefficient, about ten per cent., indicates only a process of starvation. He believes that large quantities of leucin and tyrosin in the urine are of much greater significance than the presence of acetone and diazote.

Nolan, (4), reports an interesting case of pseudo tumor of the brain which recurred in successive pregnancies and was considered by him as hypertrophy of the hypophysis. He believes that the thyroid gland, hypophysis and other glands have internal secretions which are altered in pregnancy and that abnormal alterations in these glands bring about toxemia, and in this way produce albuminaria, eclampsia, tetanus, diabetes, lesions of the skin, headache and pernicious nausea.

(1) Monatschrift in Geburtschulfe und Gynacologie, 1909. Band XXIX, Heft 5.

(2) Ann de Gyn. et Obstet., July and August, 1909.

(3) Proceedings Gynecological Section, Association of Physicians of Budapest, 1909, p. 143.

(4) Beiliner Klin, Wochenschrift, 1909, No. 49 and No. 50.

Hirst, (1), classifies the causes of pernicious vomiting of pregnancy under three heads:

(1) Book of Obstetrics, 7th edition, p. 42.

1.—Toxemia.

2.—Reflex irritation.

3.—Neurotic condition of the individual.

"There is," says Hirst, "accumulating evidence of any anaphylactic action in pernicious vomiting of early pregnancy. The *toxemic vomiting* later in pregnancy depends on an imperfect elimination or oxidation of the products of fetal metabolism and is usually associated with kidney insufficiency and albuminaria."

The *reflex causes* are familiar to all practitioners. They arise from distention of the uterus and irritation of the latter's sympathetic nerve endings in consequence of the stretching of the uterine walls.

The *neurotic vomiting* appears in women of neurotic type and may be neither reflex nor toxemic; but both reflex and toxemic vomiting are more likely to appear in neurotic women and are aggravated in such women.

In the case about to be reported I was prompted to give bicarbonate of soda because of an article by Drs. Harold Wynne Thomas and Dr. George Burford, which appeared first in the July, 1909, Number of Surgery, Gynecology and Obstetrics, New York. Drs. Thomas and Burford prescribed the bicarbonate of soda in material doses in a most desperate case of a woman admitted to the Phillips Memorial Hospital in Bramley on December 12, 1908, because of the original investigations made by Drs. Blodgett and Starbuck in the Boston Homœopathic Hospital, who observed that the condition is often concurrent with the presence of acetone and diacetic acid in large quantities in the urine, and that the internal use of sodium bicarbonate in definite doses is almost a specific for this deadly condition, arresting the vomiting and marvelously improving the patient's health in a few days.

The case reported by Drs. Thomas and Burford was a married woman, aet. 36, and pregnant about three months. In spite of the usual dietary and complete rest in bed, with a carefully prescribed homeopathic remedy, the vomiting persisted. The urine examined by an expert showed large quantities of acetone and diacetic acid. Sodium bicarbonate, 30 grains dissolved in a glass of water, a teaspoonful given every quarter hour, so that the whole quantity was taken during 24 hours, was at once prescribed. "The

effect," say the writers, "was dramatic. The first night was the best that had been passed for some time. Within two or three days the vomiting had been reduced to once a day only, and the improvement continued until in seven days all vomiting had entirely ceased." During this period the sodium bicarbonate was continued day by day, the rule being that it should be given until at least three days after the complete disappearance of all trace of acetone and diacetic acid from the urine. This occurred 11 days after the commencement of the treatment of bicarbonate of soda.

This I believe was the first case in which the sodium bicarbonate was effectively administered for pernicious vomiting during the early months of pregnancy.

In a later article in the same Journal (Volume 32, p. 212, 1910) Dr. Burford recommends the bicarbonate of soda in very much larger doses.

Bicarbonate of soda is now being successfully used intravenously in coma due to acetonuria, both in children and in diabetics. A most interesting case is reported by B. F. Van Meter in Surgery, Gynecology and Obstetrics, (Volume VIII, p. 408, 1909). The patient was a boy five and a half years of age, upon whom tenotomy of the left tendon of Achilles was made for an acquired club foot. There was also a rectal fistula. Ether anæsthesia. Normal reaction from anæsthesia. Thirty hours after the operation the patient became markedly nauseated, restless and complained of great thirst. Temperature 99, respiration 25, pulse 101. In spite of the usual treatment, the patient developed on the morning of the 29th a sweet odor of the breath. The urine analysis showed acetone in considerable quantity. No sugar, no casts, no albumen acid in reaction. Patient became worse and at the end of 48 hours was in profound coma, from which he could not be aroused. Slightly cyanosed with peculiar white marks about the lips. At five P. M. vein opened at the elbow of the right arm and 750 c. c. normal salt solution rendered strongly alkaline with sodium bicarbonate introduced. Thirty minutes after the transfusion the patient slept quietly, pulse 110. At 8:30 P. M. no coma, patient appeared normal. March 1st, four days after the operation, examination of the urine showed acetone. March 2d, no acetone and none at succeeding examinations.

The following is my own case: Patient aet., 26; first referred to me by Dr. Hudson, of Painesville, in November, 1909. One child, 18 months old. Miscarriage one year after the birth of the first child at three months. Nausea and vomiting not marked in either of these pregnancies. Ten months later became pregnant for the third time. Excessive emesis almost from the first. Urine analysis showed traces of albumen, hyaline casts, much renal epithelium and a marked trace of acetone. Under the most careful dietary and rest treatment with the usual medication, salines by rectum and under the skin, feeding by rectum, etc., she gradually grew worse until I found it necessary on November 20th to remove her to Huron Road Hospital. Her temperature was 100, pulse 120, she was extremely prostrated, her mouth was very sore from the constant contact of the acrid vomitus and she was a mere skeleton. On December 7th, after two weeks of this treatment, as a last resort, the uterus was emptied under gas-oxygen anæsthesia. Improvement was immediate and she made a speedy and permanent convalescence.

The patient found herself again pregnant seven months ago with a repetition of the serious symptoms which attended her preceding pregnancy. I saw her again in consultation on the morning of August 9th of this year and immediately removed her for the second time to Huron Road Hospital. She was three months pregnant. The urine was very dark, the specific gravity 1,016 with faint traces of albumen, many hyaline casts and with acetone markedly present as ascertained by Gunning's test. She had tried in the meantime Christian Science without relief. Her pulse was 140, her temperature 100, her emaciation extreme, her vomiting continuous and persistent, and her condition most serious.

In the meantime I had read Dr. Burford's article already referred to in the Journal of the British Homeopathic Society, relative to the use of the bicarbonate of soda in pernicious vomiting of pregnancy associated with acetonuria.

I first cleansed the bowel with calomel and a saline cathartic and resorted to nutritive enemata composed of malted milk, white of egg and twenty drops of the tincture of opium. After emptying the bowel thoroughly I began the administration of the bicarbonate of soda in twenty grain doses, given every three hours. The first few doses were vomited, but after the first 48 hours vomiting was practically under control and inasmuch as there was no decrease in the acetone in the urine at the end of 72 hours forty grains of bicarbonate of soda was given, instead of twenty, every three hours. At the end of four days the vomiting had etirely ceased, the temperature dropped to normal, the patient began to take nourishment and to gain in flesh, so that at the end of one week I permitted her to sit up. She left the hospital at the end of ten days, eating whatever she cared to eat, the urine having become entirely free from acetone, and now at the end of the seventh month she says she never felt better in her life. She is under the care of my colleague, Dr. Salisbury, who reports her urine normal and her condition entirely satisfactory.*

I believe that we have in bicarbonate of soda in material doses a valuable remedy in the treat-

*Patient was delivered at the end of her term of a fine, healthy baby girl.

ment of these extreme cass of hyper-emesis of pregnancy associated with acetonuria.

816 Rose Building.

THE FARADIC CURRENT.

BY JOHN ALBERT BURNETT, M. D., HARTSHORNE, OKLA.

THE old current in electricity are as important as the new ones. In our rush for new things we often neglect old ones.

In order to get good results with the faradic current one must have a good apparatus. The Faradic Battery, No. 8, made by the Chloride of Silver Dry Cell Battery Co., price $35.00, is a reliable apparatus. They claim it responds to any demands made upon the faradic current. The coil embraces a primary and four secondaries which, through the medium of switches, can be used either singly or in combination, thus placing nine separate currents at command. The last secondary wire is No. 36 and is wound for extra high tension and is fully 5,000 ft. long. With the current from this an eight inch Geissler Tube can be brilliantly illuminated. It has both rapid and slow interrupters and can be set to any desired number of interruptions per minute desired.

Roskwell says: "Hemiphegia accompanied by exated muscular contractility calls for a mild and rapidly interrupted faradic current if for any form of electricity whatever. Indeed this current is usually preferable if the muscular contractions were only somewhat less readily called out than the normal state. The galvanic current is indicated when there is a great diminution of electro muscular contractility. In most cases of paraplegia either complete or proximate loss of farado-muscular contractility exists—at least for a short time—and the galvanic current alone is applicable. The faradic current might be useful in attempting to improve impaired nutrition of the paralyzed member. The constant (galvanic) current is alone applicable for direct affection of the central nervous system. In the great majority of cases of neuralgia where firm pressure over affected nerves aggravates pain the galvanic current is indicated; if pain is not increased by pressure the faradic current is used.

Hysterical hyperæsthesia calls for the faradic current. While it is impossible in many diseases to say that a particular current is indicated to the exclusion of all others, it is possible to name a variety of conditions where, as a rule, one method of treatment with one form of current is superior to others. The faradic current is indicated for its tonic effect in cases known as general debility." In chronic cases there is lots of general debility, hence the faradic current is often needed by office practitioners and specialists on chronic diseases, etc.

In paralysis following diphtheria the faradic current is the one used. In dysmenorrhœa, if caused by defective development, and in subinvolution attended by pain sterility and menstrual disorder, the faradic current is very useful. The faradic current is used for anosmina or loss of smell, if not depending upon diseases of the mucous membrane.

In renal colic muscular pains, visceral neuralgia, pain of locomotor ataxia and various other painful conditions, the faradic current, when properly used, is very reliable.

The following is from Dr. J. M. Thurston: "Very small volume (amperage) and exceedingly high tension.—This most valuable current is obtained with a very fine wire (36 or 40) and 2,500 or 3,000 feet long, and is usually used with very rapid interruptions, 3,000 to 5,000 per minute. It is the nervine current. Used with the positive pole at the back of the neck and the negative at the feet with a sitting of forty to sixty minutes, it most effectually relieves all nerve tension, pains, aches and general muscular soreness.

"Applied locally it relieves local congestions, engorgements, tenderness and irritation. In ovarian irritation, congestions, acute or chronic hypertrophies or other enlargements of uterus and appendages; chronic enlargements of the liver, spleen and kidneys; congestion, pain and tenderness of stomach and bowels."

If the secondary faradic current will do all Dr. Thurston claims for it, it is certainly a valuable current. Dr. Thurston never uses any current stronger than the patient can agreeably bear.

He further says: "We can furnish ample proof of the removal of an ovarian cyst, large as a gravid uterus at full term, by the faradic secondary current of an hour's sitting every third day for three months. The removal of numerous fibrous and fibrids from the size of a hulled walnut to a cocoanut with the faradic secondary and also the galvanic or not over ten milliamperes rapidly interrupted."

For further information see my article, "Galvanic and Faradic Electricity," Feb., 1912, Medical Era, and my article, "The Faradic Current," March, 1912, Medical Brief. The high frequency and sinusoidal currents are the currents now most popular in current literature.

It is stated by some that the high frequency current is the greatest and quickest pain reliever of any current. But the sinusoidal current is said to be the most permanent in its effect on pains. One writer, in speaking of the sinusoidal current, says: "It completely displaces the faradic current, producing all the effects which can be obtained from this current and more, without any of its unpleasant painful sensations."

Of course, this is only personal opinion. We have a variety of opinions on the action of the various electrical currents, same as on drugs. It is generally admitted by most all that the faradic current will not drive in remedies in the human

body, while some say it will. I fully discussed this matter in one of my articles, "Electro-Therapy—The Views of Well Known Writers on the Subject," January, 1909, Medical Summary, which I wrote during my fourth course in medicine in the College of Physicians and Surgeons, of Little Rock, Arkansas, Session 1908-09, just before I graduated at this school, April 29, 1909.

The reason why many do not get the desired results with the faradic current is because they use an inferior apparatus, and this is why I have described a good apparatus in the first part of this article. In order to do good work we must certainly have good appliances to work with. It is as important to know how to select a good instrument in any line of work as to know what it will do.

THE AUTOBIOGRAPHY OF A SPLINTER.

BY CHARLES E. WALTON, M. D., CINCINNATI, O.

I was once a part of a magnificent tree, which was felled before the Pinchot-Ballinger imbroglio, cut up into stave lengths, split into staves, hauled to a barrel factory, and made into barrels which were finally filled with oatmeal. In some manner I became separated from one of the staves, fell to the bottom of the barrel, and became incorporated with the oatmeal, which was served one morning to a hungry young man who had not yet become an advocate of Fletcherism.

Embellished with plenty of sugar, and bathed in non-pasteurized milk, a large spoonful was scooped from the dish and introduced into an enormous cavern, guarded by thirty-two ivory structures, arranged with the regularity of tombstones in a national cemetery. Escaping the grinding assault of this guard, and moistened with the saliva which was poured from small orifices in the wall of the cavern, I started on what seemed to me to be a perilous journey down a red toboggan slide, whose smooth surface was roughened at its lower end by elevations which I learned afterwards were called by some disciple of Æsculapius the Papillæ Circumvallatæ. Just before plunging off the slide, I observed on either side a red hillock projecting. Thinking that I might make a safe landing upon one of them, I projected my head from the oatmeal bolus and thrust it into one of the numerous crypts which marked its surface. My momentum was too great, however, and I tore through the edge of the crypt and left behind a trail of blood. This must have caused some pain to the hungry man, for immediately after breakfast he sought a physician, who listened to his symptoms and gave him a dose of Nitric acid with the assurance that he would soon be relieved from the sticking pain in his throat. He was.

Passing through a somewhat contracted channel, though not without several attempts to check my speed, I found myself in a large cavern, the rugous sides of which began to contract and start me on a whirlpool motion, which seemed to be endless. Round and round I made the circuit. For fifteen or twenty minutes, in passing a certain place in the roof, I was kept busy dodging large boluses of food, which were thrown violently through an orifice which opened and shut with the regularity of clockwork. Eggs, oatmeal and bacon, then great portions of buckwheat cakes, washed down with torrents of coffee.

Here I was in a seething chaldron, jostled and swept as in a maelstrom. A sharp acid bit into my sides and slid off with little or no effect, but my envelope and the other portions of food, under the action of the Gastric juice, was converted into Chyme, and I was turned end over end in this semi-fluid, pulp mass, and bumped up against the walls till I was dizzy. Sometimes I would be thrust athwart an opening through which the other material readily passed, but I was left to take up again my weary round. At last I got up on to a longitudinal shelf and laid down for a much-needed rest.

After a while I began to slide back and forth, but my excursions were rather limited, as I clung as tight as possible to my soft ledge. The protracted friction after a while began to cause a pain in the back of my jailer, and made him vomit a little blood. Becoming alarmed at sight of this he rushed off to a doctor, who thrust a rubber tube down from above, and deluged me with warm water in numerous attempts to dislodge me. Failing in this he began to send down relays of Kali bichromicum, Argentum nitricum and Hydrastis, in an endeavor to relieve what he called a gastric ulcer. At last, tiring of an inactive life, I slipped down and gradually worked towards that lower opening which promised my only hope of escape. There becoming enmeshed I began my old tactics of slipping back and forth until I caused a pain to develop about three hours after a meal, which lasted all the time the partially digested food was passing.

At this time the doctor was again consulted. He fed my captor crackers and tea, then pumped it all out again to see if it was still there. Sometimes he got an acid, and sometimes not; began to talk about cancer and Pyloric thickening, even suggested cutting a trap door for exploration, but one day I slipped out of my prison and found that I had only gotten into another compartment.

During my stay here I was churned up and down in a pool of chyme and finally jammed end first into a narrow channel, through which had been flowing a yellow stream of most bitter fluid. I was thrust in so forcibly that I occluded the passage, which began to swell, and the back flow filled the confluent channels, distended an adjacent cistern to the limit of its capacity, and spread far up into what seemed to be a hilly territory, from whence the fluid had its source. The elastic walls of the cistern began to contract and its owner began to yell and get

yellow in the face. A doctor was summoned, who bared the patient's abdomen and began a systematic investigation of the suspected territory. After laying off a base line from the tenth rib to the navel, he explored the adjacent region and finally found a resistent tender swelling, pronounced the ominous words "Gall stones" and reached for his hypodermic syringe. Another physician having arrived, and being admitted to consultation, began to expiate on the virtues of Calcarea carbonica and China, but before he had made much progress, another doctor came in and extolled the virtues of olive oil, while an old granny of the neighborhood cried out, "Give him prunes, give him prunes, seven prunes will turn the trick." Just then I slipped my moorings. The patient turned over and said "Go to Hellena" and dropped off asleep.

After moving a short distance I stuck into the soft walls of an undulating channel and again began to bore for freedom. Having gotten well started my free portion was swung around by the stream from above and my jailor began to complain of a burning pain, which made him writhe till after the flood had passed. This occurred so frequently that he sent for a surgeon, who began to get ready for a Gastro-enterostomy, at the mere mention of which I tore loose and plunged downward for many feet, till I brought up with a round turn against a sharp ridge, and at once began my boring process again. My captor began shortly to squirm with pain, and made a sympathetic demonstration with his stomach, which sounded like a shipload of passengers taking their first sea voyage. Again a surgeon was called and began to get out his instruments, but he made so much noise that the patient jumped out of bed and jarred me loose and I slipped through a valve-guarded opening and found myself in a capacious channel, where I was soon surrounded by a thickening mass of material, and carried through a somewhat crooked course, until I finally came to the surface and rammed into a constriction with such force that I was kept awake for a long time by the howls of my captor, and his straining efforts at expulsion. After this had continued for some days, the last doctor was summoned, who in his search for a fissure or piles pushed a well-soaped finger through the barrier, pulled me out to the light of day and stuck me into a small bottle for safekeeping. He need to have had no fear that I would soon again undertake such a disagreeable journey.

Even this experience, however, had its compensation, for before I finished that intra-somatic trip I heard a great deal of doctor talk that may be of use to me.

I heard of Amygdalitis, and Tonsillitis, and Cynanche Tonsillaris, which we used to call Quinsy up in the woods, and was treated successfully with Red Pepper and Salt stewed in vinegar. As I scratched my way down the gullet I heard them talking about Aneurism, and diseases of the Mediastinum. While in the stomach and duodenum one of the doctors let down a little metal bucket on the end of a braided cord to see if I was an ulcer, and if so where. The result being negative and thinking I might be in the fundus, where the cord would not reach, he sent down what looked like a deflated foot ball covered with white muslin, but I failed to make a "touchdown." Then he went over the symptoms of pain, gas, acidity, and vomiting as indicating a duodenal ulcer. Then he thought of plain, old-fashioned, dyspepsia, and talked of Anacardium for distress when the stomach is empty, and Nux Vomica when it is full; of China when the whole abdomen is bloated; of Carbo Vegetabilis, when the upper abdomen is full of gas; and Lycopodium, when the gas rumbles and roars in the lower abdomen. I heard him explain how Pepsin starts digestion by breaking up the large protein molecules into proteoses and peptones so that the Trypsin can break the fragments into still smaller particles and make it possible for Erepsin to still further reduce those particles for assimilation.

At one time he spoke about Cholecystitis; and Cholecystectomy, and Cholecystotomy, and Choledochitis, and Cholecystopexy, and Cholecystostomy, and Cholecystenterostomy until I thought a mistake had been made and a coal dealer had been sent instead of a doctor. Then he switched off on the Pancreatitis, and Enteritis, and Appendicitis, and Muco-colitis, and Typhlitis, and Sigmoiditis, and Proctitis, and I felt that the patient was really in good hands and that my rescue was certain, even though he had to die for me.

What I heard and saw in the doctor's office after I had been bottled I shall not tell, besides I think I have told quite enough.

Tumors.

Definite chemical processes such as increased and abnormal ferment activity occurring in malignant tumors form the basis of these investigations. Substances were sought which would penetrate the growth from the circulation, and increase the autolytic processes. Preparations of many of the heavy metals were injected subcutaneously into dogs, rats and mice having malignant growths. Of these metals the best results were obtained with combinations of copper, tin, platinum and especially cobalt, and silver. The tumor affinity of these substances was evidenced by a softening of the growth, with a subsequent greater or less liquefaction and necrosis. Very apparent changes were noted even one minute after the injection, and in twenty-four hours a tumor of considerable size was softened by a single injection. The dosage used varied between 0.005 and 0.006 mg. per gm. of mouse. —C. Neuberg, W. Caspari and H. Lohe.

GRAVES' DISEASE—A REVIEW.*

*Written for the MEDICAL CENTURY.

H. V. HALBERT, M. D., CHICAGO, ILL.

IT is encouraging to a medical man, now and then, to hear some authority speak against the operative procedure in certain cases which in reality, belong to the medical sphere. As general practicians, we have been over-awed so long by the substitution of surgery for nearly every disease under the sun that we have permitted our work to be taken from us without a complaint on our part, because we knew it was futile in a period when surgery ruled with an iron hand. No disease has been subjected to this partiality more than Graves' disease, improperly defined as Exophthalmic goitre. So popular has it become for those afflicted with this to make their pilgrimage to a certain Mecca, that few medical men have had the courage to offer any objections. Our local surgeons, embued with a similar ambition to remove hyperthyroidism with the knife, have likewise advertised the method until there is little wonder that the laity has put no faith in any other procedure. While it is evident to a few in the profession that the best and most permanent work has been accomplished through the agency of therapeutic effort, the practice has not been spectacular enough to hold the cases.

We are now beginning to hear from the other side, and possibly some time in the future we may see the physician come into his own, in this work at least. A paper on the "Non-Surgical Treatment of Exophthalmic Goitre," by Dr. Cohen, of the Jefferson Medical College, published in the July number of *The American Journal of the Medical Sciences,* is well worthy of consideration. Dr. Cohen speaks of this disease as Graves' syndrome rather than hyperthyroidism, believing the latter and more common term, despite its present currency, to be "faulty as well as an insufficient explanation." His statement that "excessive activity of the thyroid gland sometimes accompanied with goitre and sometimes without appreciable enlargement, is often present and adds its symptomatology to the underlying disorder; but it is neither the origin nor the whole expression of the fundamental departure from the normal." He rightly regards the term of exophthalmic goitre as unfortunate, inasmuch as the early stages are thereby overlooked. He says that while partial thyroidectomy and other approved surgical procedures are helpful in many cases and necessary in some, still he does not regard Graves' disorder as essentially a condition for operative treatment. He further states "that he has a strong conviction, based on more than twenty-five years' observation and study, that such measures are indicated only in a small minority of the cases that come under the eye of the alert physician."

The doctor avoids an extreme position against surgery by stating that there are cases which should be submitted to operation. Those of long standing which have resisted medical treatment, and those of such advanced standing as to be disabling and dangerous, he would turn over to surgical expediency. We think he might add to the list those in which the goitre of fibrous or fibro-cystic character, would probably not be affected by local or internal treatment. We must keep the fact in mind that the goitre is not the disease and that many times we have the vascular enlargement of the thyroid, which is typical of Graves' disease emplanted upon an old fibroid knot, which would never yield to medicine; but this has nothing to do with Graves' disease; it is an independent growth in the thyroid and should be cut out if it has a tendency to development.

Dr. Cohen considers the therapy under three distinct heads, (1) A fundamental liability, (2) A provocative agent, (3) A local determinant. Under the first he mentions a congenital or hereditary liability, and by this he refers to a disturbance of the autonomic nervous system in general, including, of course, vasomotor and visceral disorders. The provoking agency he charges to psychic disturbances or toxic influences. He claims that the nature of these influences is yet obscure. The local determinants he concludes are many and mostly obscure. He refers to thyroid enlargement from sexual excess and the genital perversions in the female, neuroses in general, as well as the changes in the reciprocal relation of the pancreas, thyroid and pituitary body.

When it comes to the classification of cases the doctor meets the same irregularity of cardinal symptoms which has puzzled all who have had experience in the management of such cases. He finds that goitre is not always present, but there is usually found a sufficiency of symptoms which relate to the nervous system. For instance the tachycardia, the tremor, more or less exophthalmos, wasting of flesh, sweating and the visceral perversions are usually present in varying degrees; these are distinctive of the disease and should lead us away from so much consideration of the goitre. He makes a very telling comparison in a case in which he had cured these nervous symptoms and the patient was strong and well; and he shows at the same time in his clinic a case in which the surgeon has removed the thyroid more than a year before, in which all the serious symptoms were exaggerated and the patient was not cured.

The reviewer of this paper regards the above as a most significant illustration, for he has been able in the past ten years to show a great many cases absolutely restored to health by medical treatment, and many cases which were made worse by operation. Immediate improvement from operation in our opinion is not a cure, for we have no statistics that follow these patients long enough to decide the patient's ultimate fate. On the contrary we have statistics sufficient to

show permanent cures under medical treatment of more than eighty per cent. In my own practice, which includes a large number of serious cases, I have failed in only two instances.

Under the subject of treatment Dr. Cohen places much stress upon rest and we must all agree with him in that respect. We too rarely demand this in the right way, for it must be sufficient, or else there is no result. The outdoor sleeping is an essential. He compares the method of outdoor life and feeding for tuberculosis as a rule to be followed in this disease. Food is our greatest armament in this work, next to rest, as the nutrition must be brought to the highest degree of perfection. Raw eggs in increasing amount are most useful, and they should be prescribed as a substitute for the dessert. Hot water is emphasized as a necessity and should be given, at least two glasses, about an hour before each meal, and between meals if possible. This keeps the gastroenteric tract clean and active, and it also promotes elimination from the skin, bowels and kidneys, which we always regard as such an essential. Another feature in the water treatment is the fact that it permits a sufficient quantity of beef to be assimilated. As the digestion of carbohydrates is not perfect in this disease a minimum of sugar and starches should be administered; green vegetables, however, may be used in abundance. As every patient has an idiosyncrasy we must give a due regard to this, the same as we must individualize in the use of our remedies. We are glad that the author uses this expression: "Individualization is the keynote throughout the treatment."

In the specific treatment much has been said in favor of the thymus gland preparations. It is claimed that no results are obtained unless the maximum dose is used (8 to 40 grains daily), and the conjoint or alternate use of adrenal preparations are deemed advisable; this, of course, takes into consideration the alternating effect of the suprarenal influence. The pituitary preparations have been highly lauded and some supposed cures have been demonstrated. Intra muscular injections of pituitrin, at first in small doses (5 min.). and later in larger doses (20 to 30 min.), are administered once, twice or three times daily. Parathyroid extract is another agent favored by some: this is given in small doses (1-10 to 1-2 grain) two or three times daily. The best results are supposed to come from the conjoined use of thymus, adrenal or pituitary preparations, but no definite rule for this multiple medication has, as yet, been established. The best that can be said of all these supposed specifics is that they are not specifics at all and yet they may, in certain instances, give relief. The strongest advocates of their use admit that it is best to alternate with some other ductless gland at times, hoping that the combined antagonisms may in some unexplainable way correct the pathologic condition.

The theory of treatment with ductless gland products at the present date is indefinite in promise and uncertain in conclusion. It is an apparent apology for studying the individuality of each case and the aim is to supercede the quick results of surgery. One feature of the theory points to the inhibitory or neutralizing power of the administered specific over some toxic agent, which is an excess or a perversion of a normal secretion or an excretion product abnormally retained. In other cases the medicinal product is supposed to act as a stimulant to normal activity, while in others it replaces deficient secretions. Thus the real aim is to supply the tissue of the organ perverted, to use some other tissue which will rehabilitate the perverted organ or to inhibit the overacting organ. The objection to this theory of treatment is that, at best, it is emperical. Furthermore, with our present lack of knowledge regarding the functions of ductless glands and their antagonisms, we are always in doubt as to the real action, or, at least, the limitations of these preparations. The first thing for us to learn is that Graves' disease is a syndrome with variable peculiarities in each case. If we take the enlargement of the thyroid as an indication of a probable hyperthyroidism we are obliged to admit that we meet many severe cases in which this evidence is lacking. Anti-thyroidin and thyroidectin have been advocated as specific antidotes, but no satisfactory statistics have been developed.

There are many general measures which have been attempted as contributory aids to relief. These are also indicated only when demanded by a specific symptomatology. For instance, intestinal antiseptics are mentioned and no doubt they may be considered when digestive functions are disturbed, as they frequently are in many cases. We are not yet satisfied that intestinal antiseptics, so far as remedies are concerned, are of any advantage; a normal flow of bile will do best work in such instances and nothing will help this better than our well-known remedies, which enhance this flow.

Topical treatment for the reduction of the goitre has been attempted in many forms, the most practical of which has been the use of iodine locally. We have no favorable results recorded which would warrant unusual hope from such measures and, if we regard the goitre only as a symptom, there can be little satisfaction in pursuing this method. Electricity has been tried in many forms, but this seems to have its only value in reducing the goitre, or in the relief of some nervous symptoms of doubtful relation to the disease.

It is quite evident from the review of the essay mentioned, which, by the way, is the most complete one I have seen, that no reliable specific treatment has yet been formulated. For that reason it is interesting to know that one experienced member of the old school concludes

that "individualization" after all is the great consideration in the management of this disease. It has been my privilege to treat a great many cases of this kind and I have had, to my mind, a remarkable success. I agree with the statement that individualization in prescribing is the only principle to hold to. In the past I thought I had found a few remedies which could be relied upon, but I have been obliged to change my opinion after a larger experience. I frequently get requests for help, but I do not longer allow myself to indicate a treatment without a careful examination of the case. For that reason some have said that I have a "private treatment," but that is not true. My private principle of treatment is the indicated remedy, plus the adjuvant requirements. I know of no other method, but this invariably succeeds, providing I study each case carefully. There are so many different requirements in this complex disease that no other procedure is practical. I do not believe a specific treatment will ever be applicable.

PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Ilex aquifolium.

A girl, aged 17, had been under the most renowned oculists since her fifth year. She had great infiltration of the cornea, staphyloma; eyeball looked like a lump of flesh. Nightly burning pains in orbits. Ilex cured completely in six days.—*B. J. H.*, Vol. 37.

Indium

Violent pains in head when straining at stool. This is not infrequently met with in practice, and I have given great relief with Indium 200 in a patient who had this symptom.—J. H. Clarke.

Fats

By adopting the method of giving an early breakfast of fat to the patient and then analyzing the fat in the stools, we may diagnose pancreatic affection, if an excessive amount of fat is found in the stools.—Max Kahn, *Chemical Abstracts.*

Test for Pregnancy

Fresh human placenta is cut into pieces, size of a shilling, and these washed in running water till free of blood (this takes 5-10 min.), then immediately coagulated by plunging for 1 min. into boiling acidulated (2 c.c. glacial AcOH to 2 L. water) water. The water is then poured off and the pieces are repeatedly boiled in fresh acidulated water, 5 min. at a time, till the latter fails to give the biuret test. The coagulated placenta pieces together with the water are poured into a wide-mouthed bottle, a layer of toluene added as preservative, and may thus be kept indefinitely. It is best to use serum for the test. Blood of the person under suspicion is withdrawn sterily from a vein and allowed to clot; 2-3 c.c. serum (this must not contain hemoglobin) are sufficient. About 1g. coagulated placenta is placed in a 579 S. & S. diffusion cup, covered with the serum and toluene added inside as well as out, and all allowed to diffuse for 16 hours, at 37 degrees. 10 c.c. of the diffusate are then tested by boiling with 0.2 c.c. of a 1 per cent. aqueous solution triketohydrindene hydrate. A blue coloration is always indicative of pregnancy. In no instance has the serum of a non-pregnant case given a positive test. The intensity of the reaction is not identical in all cases, varying according to the extent and manner of cleavage of the placenta proteins. The diffusate of "pregnant" serum alone will often give the test. This pregnancy test has also been tried on cows and other animals with equal success. With dogs it is best to withdraw the blood prior to feeding.—Emil Abderhalden, Univ. Halle. *Z. physiol. Chem.*, 81, 90-8; cf. C. A., 6, 3434.

Thyroid

A number of mammalian organs, especially those with an internal secretion, thyroid, thymus, adrenals, testis, ovary, hypophysis, liver and muscle were given as food to tadpoles of Rana temporaria and Rana esculenta. The tadpoles fed on liver and muscle were not unlike the controls. Adrenal-fed tadpoles developed slowly and metamorphosed into especially large and strongly developed frogs. These tadpoles were very light in color, due probably to the contracting action of the epinephrine on the pigment cells. The experiments where ovary, testis, and hypophysis were fed are indecisive, due to want of sufficient material for continued feeding. The feeding of thymus caused a rapid growth of the animals, but postponed the final metamorphoses or inhibited it completely. The result was to produce very dark "giant" tadpoles. Thyroid feeding, on the other hand, stopped all further growth and immediately accelerated the differentiation of the body, so much so that very tiny tadpoles transformed soon after feeding began into "pigmy" frogs. The same relative results were obtained regardless of the initial stage of the tadpoles.—*Chemical Abstracts.*

Diastase

In the prolonged daily study of diabetes treated with diastase the authors were unable to observe any beneficial effects which could be attributed to it. In cases which responded markedly to a course of oatmeal given as advocated by von Noorden, no such effect can be obtained by any preparation of diastase used. If there be any specific body in oatmeal which has any effect on carbohydrate metabolism, it is not a

diastatic ferment.—Owen T. Williams and P. M. Powell, *Quart. J. Med.*, 6, 30-46.

Ovarian Extract

In clinical practice Oliver has not found evidence that the ovaries influence the mammary glands, or the growth of hair on the face, or that administration of ovarian substances has any specific action. The ovaries commonly influence the uterus in relation to menstruation.—*Chemical Abstracts.*

Widal Reaction

The Widal reaction is present in nearly all cases of dysentery; only in 7.6 per cent. of the author's cases was it absent. The period of reaction lies between the 5th and 14th day.—*Chemical Abstracts.*

Naphthaline

Which is, chemically, a derivative of benzine, has produced in the lower animals cataract and other changes in the eye.

Digitalis

A young married woman, 30 years of age, has a typical case of mitral regurgitation following a severe attack of rheumatism ten years ago. For the past five years has suffered considerably with headaches, shortness of breath, slight swelling of the ankles, and occasional attacks of gastric pain. During that time patient had consulted many doctors, some of whom said that she might get better if she could take Digitalis. It seems that Digitalis had been prescribed in doses such as are used by the dominant school, but the patient became worse as a result. When the case came under homœopathic treatment the previous diagnoses of mitral disease were confirmed and Digitalis IX prescribed. The patient was directed to take one tablet of the IX trituration before meals. Within one week's time considerable improvement was reported and the treatment continued for two weeks. At the end of the third week of this treatment patient experienced no ill feelings whatever and was instructed to discontinue the medicine. For over two months now the patient has taken nothing at all, but is directed to resume the tablets if any of her former symptoms return. All of which goes to show that Digitalis is a much abused drug, especially as far as dosage goes, and that small, "homœopathic" doses will frequently be effective after failure with larger ones.

Cratægus oxyacanthus

This remedy is one that has received very little attention in homœopathic literature, and yet it has an important place in the treatment of both functional and organic diseases of the heart. Few provings have been made on healthy subjects, and most of the indications are clinical ones. The best effects from Cratægus are obtained in cases of rapid heart of nervous origin, in mild degrees of dilatation, and in the earlier stages of myocardial degeneration. Irregularity of the heart is invariably present when Cratægus is indicated; and a symptom that I have seen verified in several cases is a painful sensation of pressure in the left side of the chest below the clavicle. In one case in which this symptom was so marked as to suggest the probability of an aneurism, Cratægus gave prompt and permanent relief. Shortness of breath on exertion and marked mental and physical fatigue are also present. Œdema of the lower extremities may be present, but it is usually moderate in amount. Ellingwood has reported its favorable influence in cases of valvular disease with slight dilatation, and in cases of aortic sclerosis with beginning dropsy. In angina pectoris with aortic regurgitation it has proven a most efficient remedy. He further states that it is sometimes efficient in relieving painful affections of the heart where Cactus fails. This statement I can verify from my own experience in a number of cases.

To sum up, the important subjective symptoms calling for Cratægus are rapid, irregular pulse, accompanied by palpitation and extreme mental and physical weakness on exertion; in conjunction with this are painful sensations in the region of the heart, and particularly a painful feeling of pressure below the left clavicle. I usually employ this remedy in five drop doses of the tincture three or four times a day.—G. Harlan Wells, *Hahn. Monthly*, April, 1912.

Copper

A good argument for the high potency man is found in the following note from Chemical Abstracts: "If two plates of copper are dipped into water and the circuit closed through a galvanometer, a deflection is noticed when one of the electrodes is tapped. On repeating the test the sensitiveness gradually becomes less and less, and, finally, ceases. That this inactivity is due to the solution of the copper in the water may be shown by stirring it for a moment with a rod of iron to remove the copper, or by replacing it with fresh water, whereupon the phenomenon reappears. By this means of detecting copper in traces so minute that no chemical reagent will show it, Pionchon was able to identify, from a number of samples of water, those which had stood in contact with copper."

Plants

The medieval herbals are full of curious statements regarding the curative or other marvelous properties of various plants, and not more than a century ago the capable housewife reckoned a knowledge of their medicinal virtues among her useful accomplishments. It is true that some green plants, used as food—for instance, dandelions, dock, or chicory—contain bitter principles or other substances which have been used in medicine, and that the milky juice of lettuce con-

tains constituents with physiologically active qualities. However, when due allowance is made for all such facts, it is still true that for most healthy persons the benefits which come from eating green vegetables in abundance are due to their general qualities and not to specific medicinal virtues which some of them may possess in small degree. It seems more than probable that such tonic virtues as those attributed to some of the green plants used as spring medicine were really ascribable to the fact that they were a very welcome addition to the winter fare and made the food more appetizing.—C. F. Langworthy, Yearbook Department of Agriculture, 1911.

Vaccination

It does not do to ridicule altogether the opinion which was held by the early homœopathic practitioners that vaccination is not entirely without its dangers. The occurrence of four cases of chronic disease following immediately after a vaccination, which have come under my observation within the past ten months, makes me believe that vaccination, while it may be a blessing in the majority of cases, is, nevertheless, in some instances, a curse. All of these persons were in middle life, and previous to being vaccinated were strong, healthy and robust. All of them became unwell immediately following the inoculation and have not been well since. One lady has a chronic skin trouble; another suffers with a nervous disease affecting the left arm and which partakes of a paralytic nature; another has had chronic ulcers, and the fourth patient began to suffer with muscular tremors immediately following vaccination and six months afterwards has a fully developed and apparently incurable case of paralysis agitans. While it is not always easy to ascribe a cause to every effect, in view of the previous good history of each of these cases, and since they developed their complaints so soon after being vaccinated, I cannot but ascribe the vaccination as the etiological factor in each case.

Crotalus horridus

Dr. A. O. Ameden was led to apply rattlesnake poison to a case of tetanus apparently with most

Strychnine

"Concerning antidotes to snake poison the following paragraph is taken from Stejneger's "The Poisonous Snakes of North America:" The remedy which has come prominently to the front during the last five years, however, and which really seems to come up to all reasonable expectation, is a poison scarcely less terrible than the snake venom itself, viz., Strychnine. The theory upon which the application of this drug has been based is, on the one hand, that the snake poison acts as a specific nerve poison, depressing and more or less suspending the function of the motor nerve centers through the body without interfering with the structure of the nerve cells, and, on the other, that the physiological action of Strychnine upon the same organs is diametrically opposed to the action of the venom, or, in brief, that "Strychnine is the exact antithesis of snake poison in its action."

Atropine

Without a doubt exerts a beneficial influence over hyperchlorhydria. In severe cases of this condition relief has followed within ten minutes after administering the drug, and even if it does not prove permanently curative it is a harmless palliative. It is not necessary to give big doses in order to obtain relief. A 1-100 grain hypodermic tablet of Atropine Sulphate may be dissolved in a glass of water and a teaspoonful given every five or ten minutes in severe cases. As soon as relief is obtained a teaspoonful every two or three hours will prevent a recurrence of the distressing symptoms due to an increase in the gastric acids.

Iris

Exerts a specific influence over the thyroid gland and numerous instances are on record of its having cured enlargements of that organ.

Silver Nitrate

Silver nitrate in solution of various strengths is frequently used in throat troubles. A specialist of wide experience states that unless the drug is properly used more harm than good follows its application. This authority suggests that when Silver nitrate is to be used that the strength of the solution should be directly proportional to the intensity of the inflammatory area to be treated. Thus, in a severe case of tonsilitis, one application of a 50 per cent. solution will be of much more benefit to the patient than several applications of a weaker solution. The habit which some physicians have of giving a patient a bottle of a weak solution to be used by the patient himself, at frequent intervals is a harmful practice. Such constant stimulation does not suffice to overcome the irritation for which it is prescribed, but it does keep the parts constantly irritated and serves no good purpose.

Fats

"The use of a diet rich in fat in hyperchlorhydria because of its action in reducing the stomach secretion has some injurious effects, among these being irritation of the mucosa, lessened motility of the stomach, and abnormal osmotic symptoms."

Milk

Symptoms of severe intoxication, in some cases resulting in death, were observed in infants nursing at the breast of eclamptic mothers.—C. A. Frost.

Iron

Removal of the spleen from dogs causes a drop in the cell count and hemoglobin content of

the blood when the animals are kept on a diet poor in iron. When they are transferred to a meat diet the blood again becomes normal. The effect of splenectomy on the erythrocytes is dependent upon the diet.—Leon Asher and Hans Vogel.

Salvarsan

While the substance was originally injected in acid solution, *i. e.*, merely dissolved in water, this method was found inapplicable owing to the intense pain which followed its use, and at present it is employed practically only in alkaline solution which is administered intravenously and should be freshly prepared just before the injection. This is done in a sterile bottle of about 500 c.c. capacity, graduated in 50 c.c., and containing some large sterile glass beads. The salt solution (0.9 per cent.), which is used as solvent and dilutent, should be freshly prepared from freshly distilled water and chemically pure sodium chloride. 30 to 40 c.c. of this are placed in the bottle and the dose of Salvarsan added, which then dissolves on vigorous shaking.

To obtain the alkaline solution 0.19 c.c. of a 15 per cent. solution of caustic soda are now added for every 0.1 gram of the remedy, the immediate effect being the formation of a precipitate which dissolves on shaking and then gives rise to a clear golden yellow solution. This is finally diluted with the sterile saline (warmed to body temperature), such that every 50 c.c. shall correspond to 0.1 gram of Salvarsan. Taking the adult dose of 0.6 gram as example, the final bulk would thus be 300 c.c. Should the solution not be absolutely clear a few additional drops of the sodium hydrate solution may be added. Occasionally the fluid does not clear up upon further addition of alkali, in which event it is probably best to break a new ampoule of the drug.

To give the injection, an ordinary infusion bottle or similar contrivance (properly sterilized, of course) is arranged at the bed-side of the patient and charged with a small quantity of warmed salt solution which should completely fill the rubber tube leading to the needle, as well as the lumen of the latter. This need not be of large caliber; a number 18 (B. & S. standard) is quite sufficient in size. The arm having been cleansed, at the bend of the elbow, with soap and water, bichloride, alcohol, and ether, or as recently been advocated, merely painted with tincture of iodine, about the site of the injection, the needle is plunged into any one of the large veins which there present themselves, and which have been rendered prominent by constricting the upper arm with a bandage, or a piece of rubber tubing, without, however, obliterating the arterial flow. The tourniquet is then removed, the clamp opened on the rubber tube, and the saline allowed to flow. If the result shows that the needle is actually in the vein, the Salvarsan solution is added to the small amount of saline remaining in the bottle, and the infusion allowed to proceed. In the end about 50 c.c. of saline are allowed to follow the Salvarsan, so that the tissue about the site of the puncture shall be irritated as little as possible in the event of a little leakage while the needle is being withdrawn.

Especial care should be had that the injection is made slowly, and under no circumstances should it be allowed to consume less time than twelve to fifteen minutes. Want of attention to this point may result in the development of serious symptoms. While it is usual that the patient's face becomes flushed during the injection, the infusion should be stopped at once, if sudden pallor develops, or the pulse becomes weak.

Following the injection the patient should be placed in bed and should remain there for twenty-four hours or longer, according to the symptoms which develop during this time. To give the injection in the physician's office, and then to allow the patient to go home and follow his usual occupation, is a dangerous practice, unless indeed the dose be small and the quantity of fluid less than 150 c.c.—Simon's "Infection and Immunity."

Bacillus Bulgaricus

Belonovsky studied the effect of the Bacillus bulgaricus on the intestinal flora of mice. In his experiment several lots of mice were fed on a basic ration of sterilized grain and water, and to the ration of two of these lots were added milk cultures of the Bacillus bulgaricus. Mice fed on this ration one and one-half months showed this organism in the droppings fifteen days after the last feeding; with animals fed the culture for four months it was present for four weeks after the last feeding. Belonovsky, in the work already cited, found that while there was no reduction in the intestinal bacteria in mice fed with sterilized milk or with sterilized milk curdled with lactic acid, the two lots fed milk cultures of B. bulgaricus showed a distinct reduction in the number of bacteria in the droppings. This was also true of the lot fed with similar cultures sterilized by heat. The diminution was especially evident in the bacteria forming gas and bringing about putrefactive changes. The evidence of bacteria examination of the stools was confirmed by the changes in weight of the animals while under experimentation. In the two check lots receiving sterilized grain and water, in the lot receiving milk soured with acid, and in that fed sterile milk there were losses in weight; in the two lots fed with milk culture there was a decided gain; and in the lot receiving the sterile culture there was no change in weight. These observations would indicate, although they by no means prove, that the disinfecting effect is not due to the lactic acid, but to the presence in the fermented milk of some by-product having an antiseptic action on certain kinds of bacteria. Tablets or capsules purport-

ing to be pure and active cultures of the Bacillus bulgaricus are now offered for sale. Three brands of these tablets purchased at drug stores in Washington have been examined in the Dairy Division laboratory. It was found that while some of them sometimes contained the Metchnikoff bacillus it was present in such very small numbers that it could be detected only with difficulty. It is very easy to test the purity and activity of these dried cultures. Thoroughly pasteurize a small quantity (about half a pint) of milk by holding it, in a bottle plugged with cotton, at or near the boiling point for an hour or more. When this has cooled add two or three of the tablets and keep in a very warm place over night. It should not be below and may be a few degrees above blood heat. If in this time the milk had not curdled with a sharp acid taste and without gas bubbles and when there can be no reason for using these tablets except the possibility that they contain the active element of the culture which retards the growth of other bacteria. The evidence on this point is so inconclusive that it need not be considered in this connection. The results of examinations of these and similar tablets and powders reported by other laboratories agree with the observations of the writer in indicating that at the present time little dependence can be placed on dried cultures of B. bulgaricus.—U. S. Department of Agriculture Circular, 171.

Veratrum viride

Delirium tremens has all the indications calling for Veratrum. Pulse strong and usually running from 150 to 190 per minute. Face dark red, and mild perspiration. Ten or fifteen drops of Veratrum given hypodermically and repeated in thirty minutes, if necessary, will quiet the patient, who is usually asleep within an hour after the first dose was administered.

Veratrum is an excellent remedy for hypertrophy of the heart following rheumatism. By stimulating the nerves of the smaller vessels the pressure is reduced from the heart, resulting in a soft pulse, moist skin, giving the heart a chance to get back its normal tone.

Tetanus: Cauterize the wound, put the patient into a sweat, and give Veratrum and Gelsemium, equal parts, ten drops, hypodermically, every fifteen minutes until convulsions cease, and then keep patient under this influence and give Echinacea in teaspoonful doses every two hours and you will not have many death certificates to sign. This treatment, so far as I have been able to learn, has never failed.

Anuria: In anuria, a result of renal congestion, Veratrum will often correct the abnormal condition by stimulating the renal capillaries, thereby bringing about a normal condition. It also combines nicely with Triticum repens or potassium acetate when indicated.

Erysipelas: In treating erysipelas where the skin is red, which may or may not be vesicular, Veratrum externally as well as internally will prove a sovereign remedy.

Puerperal Eclampsia: In this condition Veratrum is the popular remedy with all of our practitioners; it having the property of controlling convulsions, together with its alterative effect, makes it a specific for this condition. Give 10 to 15 drops of the specific medicine, Veratrum, hypodermically, every fifteen to twenty minutes until there is marked evidence of improvement, after which time the dose is decreased in both quantity and frequency until the desired effect is obtained.—J. F. Cave, M. D., *Eclectic Medical Journal,* Nov., 1911.

Helonias.

Helonias is a tonic, especially addressed to the female sexual organs. It is thought by some to prevent the habit of miscarriage, and to be of value in correcting functional derangements arising therefrom.

A valued tonic for these intra-pelvic organs, in pill form, is a combination of Helonin, caulophyllin, and cimicifugin, in appropriate doses, with the extract of gentian as an excipient; or the Specific Medicines of these drugs may be conjoined in the same way and the mixtures administered in appropriate doses.—C. D. Palmer, M. D., *E. M. J.,* Nov., 1911.

Cactus grandiflorus.

Cactus is a remedy of superior power. Acting on the sympathetic nervous system, through the cardiac plexus, it improves the nutrition of the heart and quickly strengthens this organ. Such a remedy, safe to give in moderate doses, has a very large field of utility. In fine, it may be distinctly affirmed that, in all morbid conditions of the heart's action, of increased frequency, and irritability and feebleness—of a functional or organic kind, it favorably influences the motion of this organ; in fine, it slows and makes more regular and strong its movements.

For conditions of angina pectoris, false or genuine, with oppressed breathing and cardiac distress, its action irregular, feeble, interrupted, and unnatural, with a fear of danger all springing from a disordered innervation, cactus usually affords a prompt relief. It remains to be said, however, that for cardiac perturbations arising from inflammatory action it is not a remedy.—C. D. Palmer, M. D., *E. M. J.,* Nov., 1911.

Hydrocotyle Asiatica.

Is highly recommended by Hughes in malignant ulcers of a spreading tendency, and its use was recently verified by Dr. Villers, of Dresden, in a similar condition on the foot, wherein Graphites had produced a considerable improvement, but was not able to cure. Here Hydrocotyle was prescribed with excellent result.

Kali nitricum.

Has burning pains in the ovarian region only during menses. Zincum has ovarian burning after menses.

Kali muriaticum.

The Kali salts, especially Kali muriaticum, seem to act more promptly on the middle ear than do the Mercuries, the latter appearing more appropriate for the tubes (Ives).

Natrum nitricum.

Has been used successfully in purpura hæmorrhagica and in hæmorrhagic variola.

Picric acid.

Has been an excellent remedy to prevent the recurrence of styes in broken down constitutions, especially of brain workers.

Picrate of zinc.

Has many of the symptoms of paralysis agitans and a case has been reported as being considerably relieved by this remedy.

Phytotacca.

Has cured what is sometimes called "rheumatism of the scalp."

Rhus.

In the rheumatism of this drug the prominent bones, especially the cheek bones, are sensitive to the touch. (Shelton.)

Ornithogalum umbellatum.

Is said to have cured tumors of the breast. Reliable authorities have so reported, but the nature or "kind" of tumors which were cured are not given. The remedy was given in drop doses of the tincture repeated at long intervals.

Thallium.

Is reported to have caused and cured severe cases of alopecia.

Sabal serrulata.

Is recommended in the 3d potency for hypertrophy of the prostate. It has been found to work better than the tincture.—W. A. Dewey.

Plumbum.

Wild delirium with distorted countenance—"fear of being assassinated" is prominent.

Melancholia with great anxiety and restlessness. The patient dislikes to talk or work; stupidity, slow perception, loss of memory, inability to find the proper word; amnesia; pale, cachectic face.

Epilepsy; the attack is preceded by heaviness of the legs, and followed by paralysis. Particularly in seizures from sclerosis or tumors of the brain; consciousness returning very slowly, stupor and debility remain and the face is of an earthy color.—W. A. Dewey.

Vipera torva.

30 cured a case of varicose veins in the popliteal space, with a sensation as though the leg would burst and a nervous, fidgety condition of the feet in which they were kept in constant motion.—*Advance.*

Thyroidin.

It is claimed by good authority that Thyroidin in the 1x trituration is very effectual in the treatment of psoriasis. The drug must be continued for some time.

Serum.

A boy, aged seven years, was taken with a violent chill, which was soon followed by a temperature which went to 106. Accompanying this condition was a pulse rate and respiration of a severity in proportion to the fever. Lower half of left lung was found to be solidified. Patient was treated with the indicated remedies for twenty-four hours, but without obtaining relief. A diagnosis of lobar pneumonia was made and twenty-four hours after first seeing patient an injection of 10 c.c. of anti-pneumococcic serum was injected under the scapula. Within twelve hours after receiving the injection the symptoms gradually became less severe and on the third day after first becoming ill patient had his crisis. The temperature after this time did not rise above normal, the pulse and respiration remained a little high for a few days longer and seven days after first seeing patient he was practically well.

Benzine.

People who have been poisoned by this substance suffer with a "light" feeling in the head, flushed face, headache, and protrusion of the eyes. Many of the symptoms resemble those found in exophthalmic goitre, for which it, theoretically at least, might prove a remedy.

Iodine.

Iodine given in the form of Iodide of Lime has given relief in cases of catarrhal laryngitis occurring in grown up people. One case occurring in a man aged thirty-five years did not react to any remedies, but made a quick recovery on this prescription. What may be regarded as clinical indications for the remedy are: Violent attacks of coughing, especially at night. Nothing is raised except a slight amount of mucus; a slight amount of fever may be present; the cough is worse by talking, reading or after any use of the voice. Some of the cases which have reacted quickly to the remedy failed to obtain relief from Causticum, Ammonium causticum, and other seemingly indicated remedies. When the Iodide of Lime is given in these cases it should be in material doses of two grains every three hours. —A. E. Hinsdale.

Conium.

The symptomatology of Conium is very similar to the general train of symptoms seen in the ordinary case of arterio-sclerosis, for which it is frequently the remedy. Two cases of sclerotic arteries received considerable benefit from Conium. Both cases had previously received nitrites and nitrates, etc., from allopathic hands, but experienced only a transitory relief.—A. E. Hinsdale.

Phloridzin.

Poisoning from this substance has produced fatty degeneration of the liver.—Simon.

Agaricus.

Has cured for me within the past year four cases of chilblains. The application of high frequency sparks hastens the cure, but Agaricus is the main reliance, as it has cured cases where nothing else was used with it.

Sodium carbonate.

(Dr. James J. Hogan, Vallejo, California.) Mrs. W., 22 years old. Dr. Hogan was called in consultation on the evening of March 11, and found the patient unconscious with practically complete suppression of the urine that had lasted for twenty-four hours. The unconsciousness had lasted for twelve hours. The nephritis in this case was secondary to scarlet fever. The following formula was used by the continuous drib method per rectum:

Sodium Carbonate (crystallized) ..	20 grams.
Sodium Chloride	14 grams.
Water, q. s.	1000 c.c.

The urinary flow recommenced after four hours; on the following day her mind had cleared, and the patient made a subsequent uneventful recovery.—Fischer's Nephritis.

Sodium carbonate.

(Dr. L. P. Adams, Oakland, California.) Mrs. E., 26 years old, and a primipara, began to feel below par, became pale, and developed a generalized œdema when pregnant seven and a half months. The secretion of urine was low, and this contained much albumin and various casts. Her condition gradually grew worse, so that it was deemed wise to put her to bed in a hospital. For ten days, here on a milk diet, and cared for in the approved ways, she showed no improvement, passing between 240 and 360 c.c. of urine per twenty-four hours, filled with albumin, casts, and red and white blood corpuscles. As she now began to develop twitchings, was extremely œdematous and nearly blind, and, as the onset of convulsions was feared, premature labor (at eight months) was induced through gradual dilatation of the uterine os by means of water bags. Complete suppression of urine followed delivery. After this had lasted for thirty-one hours and no urine had come subsequent upon hot packs, cupping, Digitalis, etc., a slow injection of the following mixture into the rectum was begun:

Sodium Chloride	14 grams.
Sodium Carbonate (crystallized) ..	20 grams.
Water	1000 c.c.

Urine began to come four hours after the injection was commenced and amounted to 1536 c.c. in the first twenty-four hours. Two injections daily of 500 c.c. each of the above formula were continued for three days, together with water, milk, and cereals by the mouth. On the second day 2176 c.c. of urine were obtained, on the third 2140, on the fourth 2180, and on the fifth 1850. On the fifth day casts and blood cells had entirely disappeared from the urine and only the faintest trace of albumin remained. The œdema had diminished greatly, eyesight was returning, and the patient was actively interested in her surroundings. On the following day the last of the albumin was gone and the patient went on to an uneventful recovery.—Fischer's Nephritis.

Hydrochloric acid.

Is now being used in pernicious anæmia, per os, with good results.

Salvarsan.

One experimenter obtained fourteen abortive cures of lues out of seventeen cases given combined Salvarsan and Mercury treatment.

Vanadium.

Vanadium and Selenium are being used in the treatment of cancer. "The basis of this treatment is the chemical action of Selenium as an oxidizer, increasing the oxidization of the sulphur compounds. Oefele states that the remedy is specific."—*Chemical Abstracts.*

Mistletoe.

"Aqueous extract of mistletoe, as well as physiological solutions of the same, in both animal experiments and in therapeutic application produced a decrease in blood pressure which was remarkable for the regularity and the duration of the action. The remedy has therapeutic value in relieving temporary hypertension, also the hypertension attending affections arising from arteria-sclerosis."

Chaulmugra oil.

Antileprol, the Et ether of chaulmugra oil, has a distinct curative action in leprosy and is better tolerated than the oil itself. Picardi believes that antileprol is the active constituent and that its action is specific, since the leprosy bacilli disappear during this treatment.—G. Picardi, *Chemical Abstracts.*

Potassium iodide.

According to recent experiments which have been made with this salt it has been demonstrated

that it acts as a vaso-dilator, especially if the tissue be inflamed.

Cinnibar.

Aoki observed in a case of syphilis that portions of the skin tatooed with Cinnabar were free from syphilitic efflorescences, while parts of the body tatooed with China ink showed more efflorescences than did portions of the skin which were not sympathetically affected by the tatooing. Experiments on rabbits showed that the development of spirochetes is retarded and their virulence destroyed by introducing Cinnabar into the skin.

Salvarsan.

Both in the test tube and in an experimental therapeutic trial in human beings has shown itself to be specific in the treatment of anthrax. It exerts a direct germicidal action upon anthrax bacilli.

Chromico-kali-sulphuricum.

Has been of marked service in the treatment of hay fever. Dr. Mersch reports several cures from its use. The remedy was given in different potencies, usually the 1x and 2x. In some of the cases the pure drug was given in doses of three centigrams, eight times a day. The doctor states that in the acute exacerbations of hay fever the lower triturations are more efficacious.—*H. R.*, Jan., 1912.

The Luetin Reaction.

While a number of different investigators had previously attempted a skin reaction diagnosis in connection with syphilis, satisfactory results could hardly be expected as long as the successful cultivation of the corresponding spirochete in pure culture had not been accomplished. The solution of the latter problem we owe to the painstaking work of Noguchi, and to the same investigator belongs the credit of having first prepared an antigen with which a specific syphilitic reaction may be obtained in a large proportion of infected individuals.

Pure placental ascites agar cultures of the pallida are ground up in a mortar with placental ascites bouillon cultures of the organism until a fairly thin emulsion is obtained. This is sterilized for an hour, at 60 degrees C., and treated with Carbolic acid to the extent of 0.5 per cent. The resultant product Noguchi has termed luetin. After being tested for its sterility it is ready for use. A similar preparation is made from sterile culture material and constitutes the control fluid.

The injections are made intracutaneously, 0.5 c.c. of both the luetin and the control fluid being used as a dose. The right arm is chosen for the latter and the left for the former. It is advisable, moreover, to inject each arm at two points, about 5 c.m. apart.

While in non-syphilitic individuals the effect of the luetin and the control injection is identical and merely represents a slight traumatic reaction which recedes within forty-eight hours and leaves no induration, there may be a marked difference between the two sides in syphilitic persons. Noguchi here distinguishes three types of reaction at the points where the luetin has been injected. In the first or papular form "a large, raised, reddish, indurated papule, usually from 5 to 10 mm. in diameter, makes its appearance in twenty-four to forty-eight hours. The color of the papule gradually becomes dark bluish-red." In the second pustular form "the beginning and course of the reaction resemble the papular form until about the fourth day, when the inflammatory processes commence to progress. The surface of the indurated, round papule becomes mildly œdematous, and multiple miliary vesicles occasionally form. At the same time, a beginning central softening of the papule can be seen. Within the next twenty-four hours the papule changes into a vesicle, that later becomes definitely purulent." In the third or torpid form, which was only noted in rare instances, the "injection sites faded away to almost invisible points within three or four days, so that they may be passed over as negative reactions." —Simon's Infection and Immunity, 1913.

Milk.

The high infant mortality in Manila is due to infant beri-beri, caused by lack, in mother's milk, of something essential to the development and growth of the nerves of the child. The disease is not due to an infection or toxemia of either the mother or the child.—V. L. Andrews.

Potassium chlorate.

Lehnert studied a case of Potassium chlorate poisoning in a woman six months pregnant. Acute Potassium chlorate poisoning and its associated methemoglobinuria affects the kidneys most of any of the organs of the body. The glomeruli suffer only slight changes in the epithelium of Bowman's capsule and the tufts. The most marked changes are found in the convoluted tubules and Henle's loops, where hemoglobin appears in the form of small droplets in the epithelium which is markedly affected. In the collecting tubules the hemoglobin masses form cylinders and finally close the canal system. The injury to the kidneys may lead to anuria and uremia.—*Chemical Abstracts.*

Aspirin.

This drug is sometimes very useful in "nervous" or "rheumatic" headaches, especially if there is an abundance of urates in the urine. One case that was cured with this remedy had suffered for months with nervous headaches and the urine was loaded with urates. Aspirin, 5 grains, was taken three times a day and the headaches soon left and the urates disappeared

from the urine. Patient has not had a headache now for some weeks and in view of the very frequent intervals with which they formerly occurred pronounces herself cured.—A. E. Hinsdale.

Vaccine.

Late reports concerning the value and action of vaccines in whooping cough are to the effect that they both lessen the severity and duration of the disease. The dose is from 100,000,000 to 300,000,000 units.

Weisz's reaction.

According to Georges V. and D. Mladenoff, Weisz's reaction (yellow coloration when several drops of a dilute solution of Potassium permanganate are added to urine previously diluted to three times its volume with distilled water) has prognostic significance in tuberculosis. The reaction is not given by the urine of normal individuals and becomes more intense in the later stages of tuberculosis.

Plumbum.

Hypertension and arterio-sclerosis. It seems to suit rather the pre-sclerotic states than those of actual sclerosis, which, later, are naturally unattackable by any drug. It has a cramp-like constriction of the peripheral arteries, a wiry pulse, and especially if the symptoms be associated with a chronic nephritis it is all the more indicated. Patient feels the pulse in the fingers. Slight motion causes fainting. Dr. Donner, of Stuttgart, says: "I give Plumbum frequently in arterio-sclerosis in the higher dilutions. I am no friend of high dilutions, but with this remedy I have seen wonderful results follow its use, especially in cases complicated with granular kidneys." He uses the 30th dilution.—W. A. Dewey.

Natrum iodatum.

Is useful in high arterial pressure in the 1x, especially in the beginning, and later in the 3x and 4x, when the pulse is softer; arterio-sclerosis, with angina pectoris, vertigo and dyspnœa. All of the Iodides are useful.

Aurum muriticum.

Is useful in sclerotic arteries having a special affinity for the arteries of the head.—Dr. Gisevius, of Berlin.

Gelsemium.

This is frequently the first remedy indicated in catarrhal conditions of the duodenum and biliary ducts. The patient complains of lassitude, prostration and a general relaxation of the muscular system. There is a mild type of jaundice with passive congestion of the liver, bilious diarhœa, vertigo and fulness of the head. —Blackwood.

Myrica cerifera.

Is of service in catarrhal conditions of the gall-bladder when there is a sensation of fulness in the hepatic region and abdomen, the urine is scanty in quality and of a yellow color. The stools are clay-colored, loose and mushy. The patient complains of debility and a drowsiness that almost amounts to a stupor.—Blackwood.

Chionanthus.

This is the first remedy to be thought of in the jaundice of childhood and pregnancy, and it is seldom that a second remedy has to be studied. It is indicated in engorgement and acute congestion of the liver with catarrh of the common bile ducts. There is distress in the right hypochondrium and cramp-like pains in the abdomen. It is useless to depend on it in cases due to obstruction of the ducts from gall stones, malignant growths, or foreign bodies.—Blackwood.

Phosphorus.

Enjoys greater repute than any other remedy in the stage of hepitization. Weight and oppression of the chest, embarrassment of respiration, which is short and panting. Cough causing pain in the chest, worse evening and at night, with difficult, scanty expectoration of tenacious rust colored mucus. General hectic appearance, fever and prostration. Severe cases, "typhoid" pneumonia.—Paige.

Sulphur.

(In pneumonia) where resolution is delayed or incomplete, as an intercurrent and to aid in making a good and complete recovery.—Paige.

"Cold cure."

Almost every physician has a "sure cure" for colds. The following prescription is one of this class and has been used for years by a physician who has practiced medicine twenty years and he says that it has rarely failed him:

Quinine 1x.
Gelsemium 1x.
Aconite 2x.
Camphor monobromide 2x.

This formula is made up into three-grain tablet triturates and one tablet given every two hours in the acute stages of coryza; then one tablet every four hours.

Sticta and Hyoscyamus.

To be thought of for a dry, hacking cough from tickling in the larynx and bronchi. The Sticta cough is due to great dryness and hyperæmia of the nose, throat and respiratory tract, while Hyoscyamus has a more purely nervous cough with less catarrhal involvement.—Paige.

Antimonium iodide.

Excellent remedy in simple bronchitis with profuse muco-purulent expectoration. Less op-

pression than Antimonium tartaricum because expectoration is easier.—Paige.

Chrysarobinum.

Is one of the best remedies for alopecia.—*J. Am. Med. Ass.*, 1907, v. 48, p. 1210.

Macrotys.

Macrotys acts well also in cases which are chronic. Here the smaller dose should be used, given less frequently, and continued for a longer period in order to produce the desired results.

Macrotys will also prove of value in many nervous troubles where the patient complains of a deep-seated pain of a dragging nature and a soreness of the muscles. In such instances it may be combined with Valerian to great advantage, using equal parts of the two remedies.

Muscular pain, with a sense of soreness, as if the patient had been pounded, is the picture which should always spell Macrotys.—*Journal of Therapeutics and Dietetics.*

Ice Water "Dyspepsia."

In that form of acute gastric derangement due to the ingestion of ices and iced drinks, Hydrastis and Capsicum are very effective agents. From five to ten drops of Hydrastis (either specific medicine or colorless Hydrastis) with one drop of tincture of Capsicum may be given at one dose, in water, three times a day.

Aspirin.

It is headed, in the *Lancet* of September 9, "Note on a toxic effect of Aspirin. By Alexander Brown, M. B., Lond., M. R. C. S., Eng., L. R. C. P., Lond.," and this is the gist of it: "Several years ago I was called at night to see a man to whom I had that day prescribed tabloids (10 grain doses) of Aspirin for rheumatic fibrositis of the shoulder muscles. I found him pacing his bedroom in a state of great alarm and presenting an extraordinary appearance. His face was bloated so as to be hardly recognizable, the lips were immensely swollen, the palpebral fissures were closed owing to œdema of the lids, the tongue was so enlarged that it could not be protruded, and he was unable to articulate. Large dusky wheals of urticaria covered the thorax and arms. The condition had developed suddenly. After some hours, during which I remained with him, giving him ice to suck and sips of cold, strong infusion of tea, the condition subsided sufficiently to enable me to see his fauces, which were œdematous and dusky. All medication was stopped, and by next day the patient had recovered."

Later cases of a similar nature showed that the condition was really due to Aspirin.—*The Homœopathic Recorder.*

Rational Versus Sensational Therapeutics.

So long as medical patrons can be cajoled by the spectacular; so long as the average patient yearns, as the hart for the water brooks, for the novel, queer, far-fetched and "highly recommended;" so long as the older doctors are seen to profit by appealing to the credulous, just so long there will be a tendency for the young doctor, who really knows better if his training amounts to anything, to follow an unstable and precarious means of treatment. His office will be fussed up one year with static machines, another with vibrators, another with this, another with that. Something connected with currents and machinery seems to have held the lead, however, for a few years.

It is always easier to administer mechanical dosages and local "treatments" than to solve therapeutic problems of a high order. It requires study and the vibration, not of buzzers, but of gray matter, a process sometimes called thinking, to analyze and to do differential therapeutic work. The line of least mental resistance in practice is towards the machine rather than towards Materia Medica. After all that mechanical and occult therapeutics can do the remedy is an internal one nineteen times out of twenty.

Just now there is a therapeutic awakening. Vaccines, which stimulate the body cells to disease resistance; antitoxines, which give the cells the ready-made means of resistance, are being used with more or less seeming good results, notwithstanding an occasional fatality. Chemotherapy, so-called, is demonstrating some new antidotes and spirochætecides. Pharmacological activity is going on more briskly with reference to chemicals and plants and plant derivatives. The old and tried remedies are being restored to their former dignity. Sanatorium managers and specialists in "chronic diseases" are also "developing" electrical fixtures and mechanical contraptions. The line for the prudent physician to follow still appears to be to keep inside the safety limit and to permit the medical adventurer and experimenter, at least, to blaze the trail into the unexplored territory.—*The University Homœopathic Observer.*

A Treatment for Diabetes.

After many years' observation of the action of all recommended remedies and methods in the treatment of diabetes, I have finally settled down to the almost routine use of the following formula, which I find very successful indeed for the treatment, not only of diabetes mellitus, but of diabetes insipidus, and I think no writer yet has claimed this for a single formula: ℞ Specific lycopus, ʒij; specific Belladonna, Mxxx; Fowler's solution of Arsenic, ʒi to ʒij; specific Cinnamon, ʒiij; neutralizing cordial (without sugar), q. s. to ʒviij. Mix. Of this I give a teaspoonful every three hours for two or three weeks, until the quantity of water and of sugar are markedly reduced; then I give it only three times a day.

I do not restrict the diet to any great degree, further than that I exclude potatoes, lima beans, liver, and old honey; otherwise, after the patients get started on this remedy, I allow them to eat sparingly of anything their appetites crave within reason.

I myself suffered from diabetes at one time, and it was during that period that I got together the above remedies, and their beneficial effect in my case, curing me completely over fifteen years ago, caused me to use the same formula in all cases, and when I say that I have cured one hundred cases, speaking thus exactly, I am telling the truth, and if this single formula will cure only a few of those that other physicians have, I have much confidence and assurance in recommending it to the profession at large.

Where the liver is markedly affected, and the indications for Chionanthus are present, I add that remedy to the formula with increasedly beneficial results. In cases where the eyes are affected, I have succeeded admirably in adding four drams of Pulsatilla to the above formula. I do not undertake to explain how the Pulsatilla acts, nor why I first added it, but I have found it a most important addition to the formula.—*Ellingwood's Therapeutist,* by M. H. Halbert, M. D., Nashville, Tenn.

Strophanthus.

Senile arterio-sclerosis, fatty degeneration, failing compensation with tendency to dropsical accumulations.—W. A. Dewey.

Cratægus.

This remedy is claimed to have a wonderful solvent power upon crustaceous and calcareous deposits in the lumen of the arteries, and that it will prolong life in arterio-sclerotic subjects. Heart troubles after acute rheumatism.

Ergotin.

In Ergot poisoning the arterial walls are degenerated and stiffened, there is a spasmodic contraction of the vessels, the heart's action is increased and the coats of the vessels are hardened. In the beginning of arterial sclerosis when only the cardiac irritation and the hard heart sounds are present, Ergotin 3x or 6x is the chief remedy. In more progressive forms with endoarteric processes in the heart and arteries of the head, the 2x and 1x triturations are to be preferred. A curative action is frequently to be found in these cases. It corresponds to and should be used, especially in early cases.—W. A. Dewey.

Arsenicum.

"Arsenicum and Mercurius corrosivus are the sheet anchors in the treatment of Bright's disease. Arsenicum suits oftener the symptoms of the parenchymatous form, while Mercurius is more adapted to the interstitial form."

Aurum metallicum.

"This remedy cured a case of offensive odor from the mouth, the cause of which could not be discovered. It occurred in a young woman who had, in her childhood, suffered from scrofulous manifestations. The mental symptoms determined the choice."

Aresnicum iodatum.

Cured a case of lupus of the face for Mieschner reported in the Archiv. für Homöopathie, Oct., 1893.

Asafœtida.

All gases escape upwards, none down.

Aloes.

"Is a very useful remedy in the incontinence of urine in the aged; wtih each act he feels as if he must have a small stool; there is a bearing down sensation and the prostate is enlarged."

Borax.

Hughes, Ludlam, and Bennett all recommended this remedy in membranous dysmenorrhœa. It has griping pains from stomach to the intestines. Menses are early and profuse and there is much nausea.

Chenopodium.

Has "deafness to sounds of the human voice," but exquisite sensitivenes to other sounds, thus affecting only a certain part of the auditory nerve.

Gnarea.

"Is recommended by Ghosh, of India, as an excellent remedy in chemosis and pterygium; it has acted better in the lower potencies, the 2d being the one given; also externally as a wash in the proportion of 1 minim of the tincture to 1 dram of distilled water. It causes chemosis and pterygium to rapidly disappear."

A Common Cause of Sudden Death.

Every now and then the readers of the morning newspapers of New York are shocked to read that a more or less prominent citizen of some Western or Southern town has died suddenly at his favorite hotel of gastritis. The victims of this sort of attack are usually men who have indulged for many years in steady drinking, never becoming incapacitated, perhaps, but also never quite free from alcohol; they may be, however, simply tremendous eaters. They are generally subjects of either the small white or the small red kidney. A few days' experience with the rich and varied *menus* of our best chefs, combined with large quantities of the rich and fruity wines matured in France and elsewhere, suffices to precipitate the severe and fatal gastritis of the kidney subject unable to dispose of a rapidly and suddenly increased store of

toxines. Great pain, projectile vomiting, and a paralyzing weakness of the muscular system, combined with profound depression, are all that are necessary to rupture an atheromatous vessel or to stop a dilated ventricle. The renal victim may live long and happily with discretion; but the acronyctous pleasures of the metropolis are not for him.—*New York Medical Journal.*

Caulophyllum thalictroides.

Caulophyllum unquestionably exerts a very decided influence upon the genital organs of women. In the parturient state, its use stimulates normal uterine contraction, and in the non-gravid condition it promotes normal function.

The menstrual function is very often interfered with by constitutional and local disturbances of the nervous system at large, and by the changes of its blood supply in quantity and quality. Psychical causes are not uncommon, as sudden and unexpected fright, grief, and anxiety. Caulophyllum in fluid form (x to xx drops) *ter die,* is particularly useful for any kind of menstrual suppression, or menstrual scantiness, not the result, of course, of pregnancy. *Too much care can never be taken not to direct the use of this drug in cases of suspected pregnancy.*

There is what may very properly be termed psychcl amenorrhœa, occurring with the newly married, or after an illicit sexual intercourse of the unmarried. The mental apprehension delays the oncoming of the function. Specific Medicine Caulophyllum then carefully administered restores the normal function without provoking an abortion, or in any way endangering a possibly normal, beginnig gestation.—By Chauncey D. Palmer, M. D., Cincinnati, O.

A Simple Method in Post-Operative Vomiting.

Dr. Glenn and wife, of State College, Pennsylvania, having used nearly all other prescribed methods in their extensive hospital work to overcome post-operative vomiting, or, in fact, vomiting from any cause, have settled down to the use of the following, as giving by far the most uniformly perfect and satisfactory results. They have used it in their different hospitals in 150 cases up to this writing, and have had but very few failures. They dissolve one dram of the bicarbonate of soda in a pint of hot water, and have the patient drink the entire quantity, if possible, at once, very hot. Usually there is no vomiting at all. In some cases the patient will vomit once, then the relief for the patient is very prompt and satisfactory. If there be much prostration a hot enteroclysis or hypodermoclysis is given in conjunction with this. So uniform have been the good results that they are anxious to give this simple method to the profession at large.—*Ellingwood's Therapeutist.*

BOOK REVIEWS.

Solidified Carbon-Dioxide in the Successful Treatment of Cutaneous Neoplasms and Other Skin Diseases, with Special Reference to Angioma, Epithelioma and Lupus Erythematosus. Fully Illustrated, by Ralph Bernstein, M. D., Philadelphia, Pa. Frank S. Betz Co., Hammond, Ind.

This little brochure of Dr. Bernstein, published by the popular and well known firm of Frank Betz Co., of Hammond, Ind., is one that will command instant recognition as the most practical book ever issued on the subject. The uses of Solidified Carbon-Dioxide are well set forth in a series of articles illustrated thoroughly, some of which illustrations have already appeared in the Medical Century. The apparatus and methods of application are fully described and illustrated. The Goosman apparatus is the one advocated by Dr. Bernstein and its simplicity and cheapness permit its use by any physician possessing ordinary everyday skill. It could well be found in every physician's office, for the class of cases which can be benefitted by this treatment are very common.

The Frank Betz Co. have the disposal of the book, which has about 100 pages. We certainly commend it highly.

Nervous and Mental Diseases. For Students and Practitioners. By Charles S. Potts, M. D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. New (third) edition, enlarged and thoroughly revised. In one 12mo. volumee of 610 pages, with 141 engravings and 6 full-page plates. Price, cloth, $2.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

Diseases of the Mind and Nervous System are among the most intricate and difficult of comprehension of all subjects in medicine, and yet the general practitioner, who probably has not devoted special study to this department, is almost invariably the one who first meets these cases and refers them to the alienist. A medium-sized work, short, clear, and to the point, is therefore a great desideratum, and this has been shown in the demand which has brought Professor Potts' book to its third edition. In this new revision the chapter on general symptomatology and methods of examination has been amplified. A description of tic, embodying the present-day view of that disorder, and short descriptions of myotonia atrophica, progressive lenticular degeneration and dysbasia lordotica deformans have been added. The importance of the examination of the cerebrospinal fluid and determination of the existence of the Wassermann reaction in the diagnosis of certain diseases of the nervous system has been realized and the latest views incorporated. In brief, the work includes the most recent advances. It is

extremely well illustrated; and a better book for the purposes of the general practitioner or for the college student would be hard to find.

A Manual of Surgical Treatment. By Sir W. Watson Cheyne, C. B., D. Sc., LL. D., F. R. C. S., F. R. S., Hon. Surgeon in Ordinary to H. M. the King; Senior Surgeon to King's College Hospital, and F. F. Burghard, M. S. (Lond.), F. R. C. S., Surgeon to King's College Hospital and Senior Surgeon to The Children's Hospital, Paddington Green, London. New (2d) edition. Thoroughly revised and largely rewritten. In five octavo volumes, containing about 3,000 pages, with about 900 engravings. Price, cloth, $6.00, net, per volume. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The fourth volume of this very practical work takes up the surgical affections of the entire alimentary system. Beginning with the mouth, tongue and jaws, it covers fractures of the bones, tumors, congenital malformations, injuries, syphilis, tuberculosis and other diseases having a surgical bearing. With equal thoroughness it proceeds to the pharynx and œsophagus, and then to the surgical affections of the stomach and intestines. This section includes methods of examination of the stomach, and general remarks on laparatomy and intestinal suture, and on affections of the abdominal wall. The treatment of the numerous pathological conditions to which the stomach and intestines are subject is gone into carefully and in detail. The last division of the book gives full attention to the rectum and anus. The illustrations, 208 in number, are unusually large and clear.

The Modern Treatment of Nervous and Mental Diseases. By eminent American and British authors. Edited by William A. White, M. D., Superintendent of the Government Hospital for the Insant, Washington, D. C.; Professor of Nervous and Mental Diseases in the Georgetowon University and in the George Washington University; Lecturer on Mental Diseases in the U. S. Army and U. S. Navy Medical School, Washington, D. C., and Smith Ely Jelliffe, A. M., M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System in the Post-Graduate Medical School and Hospital; Visiting Neurologist to the City Hospital; Consulting Neurologist to the Manhattan State Hospital, New York, N. Y. Two octavo volumes containing about 900 pages each, illustrated. Per volume, cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

When one realizes that insanity and idiocy are increasing in some of the states faster than the population, and that a very large percentage of the feeble-minded men and women are not properly cared for and procreate mentally deficient children, the great importance and timeliness of a work dealing with the problems involved in this situation become at once apparent. While these volumes go fully into the most modern medical phases of the issues under discussion, they devote a large amount of space to the broader question of prophylaxis, which is obviously the department where the greatest and most far-reaching results can be attained. This work marks a new departure in giving full consideration to such subjects as Eugenics and Heredity in Nervous and Mental Diseases, Education, Sexual Problems, Educational Treatment of the Feeble-Minded, Delinquency and Crime, Immigration and the Mixture of Races, and Alcoholism and the Alcoholic Psychoses. It then takes up the treatment of the various forms of nervous and mental diseases, and discusses them conjointly, for the authors and editors regard the nervous system "as inclusive of the mind." It exhibits throughout the most modern point of view, and the most advanced methods for handling these cases. It is of prime interest, not only to all medical men, but also to hygienists, government, state and municipal officials, legislators, military men, social welfare workers, charity organizations, and all those who have to do with the betterment of these unfortunate classes.

CORRESPONDENCE

AMERICAN INSTITUTE OF HOMŒOPATHY.

COUNCIL ON MEDICAL EDUCATION.

The following letter has been issued by the Council on Medical Education:

Dear Doctor:

The Trustees of the American Institute of Homœopathy, at the request of the Council on Medical Education, have acceded to the following resolution, anticipating its confirmation at the next meeting of the Trustees:

"That the Council on Medical Education be authorized to take full charge of the propagandistic work, including that of the field secretary, for a period of five years, from July 1, 1913, with full power to act, and that its budget shall be limited to the fund that it has been empowered to collect, and that it report to the Trustees and to the Institute whenever meetings of these bodies are held."

This action assures the Council that its labors will have continuity, support of the Institute, and a budget for its needs, which, as it grows, will enable more extensive work and secure better results.

The Council therefore begs to submit the following program:

First.—The Periodical Issuance of a News Letter or Bulletin for Propagandistic Purposes. This shall be printed on one side only in order

that items therefrom may be clipped and used handily by newspaper editors. The items of this periodical shall be live matters on the doings of the homœopathic school throughout the land in its colleges, hospitals, dispensaries, asylums, societies, etc., together with matters pertaining to health, sanitation and diet. This shall also include statistics comparative and other; in short, such items as will inform the public that the homœopathic school is alive and active.

This News Letter or Bulletin shall upon its issuance be distributed to newspapers as the funds of the Council will permit, all over the country.

Should the items of this sheet cause favorable or unfavorable comment from the papers in which they appear, we would ask you to send clippings and comments thereon to the office of the Secretary of the Council. We ask you also to furnish items of interest for this News Letter, items that will interest the people in all rather than in a single locality. Send in whatever you think would be of value to the cause.

Second.—The Employment of a Publicity Agent.

The employment of a press or publicity agent is contemplated to secure the publication of the items above mentioned.

Third.—Public Lectures.

The Council will stand ready to furnish lecturers on popular Medical subjects, especially those appertaining to Homœopathy, provided physicians in given localities will secure audiences and determine place and date of same. We ask you and your confrères to bear this point in mind: you secure the audience, we will furnish the man.

Fourth.—Instruction of College Students and Graduates in the Possibilities of Homœopathic Medicine as a Profession.

The Council asks physicians living in college towns to secure information as to those graduates contemplating the study of Medicine and send their names to the Secretary of the Council, who will furnish them literature upon homœopathic Medicine. You can greatly assist the Council in this work. If you favor any particular college you may rest assured that the Council will work with you in influencing the prospective student to that college and to no other.

Fifth.—Society Co-operation.

The Council will be glad to assist in every way in the work of arousing enthusiasm in all existing societies; in the creation of new ones or in the reorganizing of those that have been suspended.

Sixth.—A Clearing House.

The Council will be glad to serve as a clearing house for the location of physicians, situations for hospital internes, etc., and keep on file such information as may be serviceable to the profession, and in this we ask your assistance.

Seventh.—The Legislative Field.

If you live in a capital city or if you have in your clientele members of your State legislative bodies, you should see that the Council be informed of all adverse and suspicious Medical legislation that may appear. Great damage has been done to the homœopathic school by legislation passed while we have been asleep. Let us keep awake to this fact. Legislation favorable to our school should also be reported as an interesting item for the News Letter.

Eighth.—The Financial Question.

The Council on Medical Education is raising its own fund. The extent and permanency of the work depends upon the fund. We are asking every homœopathic physician in the United States to subscribe the small sum of $2.00 a year for a period of five years. Many can afford more. Many can secure many times this amount from some appreciative patient. We are enclosing with this circular letter two pledge cards, one for you to sign and one for you to have filled out by some one else.

Then we ask you to keep us constantly in mind and send us an item about your hospital, something done for Homœopathy, some student interested, something thought of that will interest others. Then you will be classed as a live wire and it only needs live wires to keep Homœopathy in the forefront.

Very truly yours,

COUNCIL ON MEDICAL EDUCATION,
W. A. Dewey, M. D., *Secretary.*

Des Moines, Iowa,
March 12, 1913.

Editor Medical Century:

I hand you the following report, which will be of interest to many of your readers:

"The first annual meeting of the Iowa Association of Orificial Surgeons was held in the parlors of the Savery Hotel at Des Moines, Iowa, March 5th. The following officers were elected: President, Dr. W. H. McCartney, Des Moines, Iowa; Vice-President, Dr. C. L. Stoddard, Boone, Iowa; Secretary-Treasurer, Dr. W. J. Buck, Des Moines, Iowa; Dr. A. E. Shaw and Dr. W. A. Guild, both of Des Moines, Iowa, members of the Executive Committee. Des Moines was chosen as the place of the next meeting. Dr. E. H. Pratt, A. M., M. D., LL. D., of Chicago, Illinois, conducted an Orificial Clinic at the Des Moines General Hospital in the forenoon. Eight cases were operated on, demonstrating the fundamental principles of Orificial Surgery. Forty of Iowa's foremost surgeons were in attendance. In the evening a banquet was spread, with Dr. E. H. Pratt as the guest of honor. The entire meeting was a success."

Yours fraternally,

W. J. Buck,
Secretary-Treasurer.

FAS-TO-MANIA.

BY W. W. OSGOOD, M. D., MUSKOGEE.

ON! Rush on! is the caption of the twentieth century; so much so that it is no uncommon thing to behold men practically insane in the mad rush for the things of this life, irrespective of the consequences.

But yesterday one of my best friends, in making an excuse to a gentleman for failure to render contracted service, said that, having no support, he could not give the desired ministration until such could be obtained; when the facts plainly show that he is being relied on for the assistance for which they declared was needed. This same person is so taken up with his vocation that his value as an essential adjuvant to his successful existence is wholly unrecognized, and is so enslaved in his profession that the former steady tread and the youthful characteristics are rapidly being replaced by the marks of premature senility; and a sane investigation will corroborate the fact that it all has been occasioned from the belief that upon him depends the bearing of the burden of his constituents.

A business man consulted me during the last year suffering with insomnia, palpitation and general break-down, which plainly showed itself to be the result of burning the taper at both ends of the day, besides of carrying the burden of the responsibilities imposed on him in the council of his profession, and when requested to rest, to shorten his hours, to regulate his habits and to insist on periods of repose I was met with the confession that he could not stop if he should try, as his business so claimed him that it rushed through his mind both day and night.

These are but examples of thousands who are trying to live the life of three-score and ten years in the space of one-half to two-thirds of that time at the price of resulting nervous prostrations and break-downs of varieties. These are the cases that are constantly seeking rest in our sanitariums, and from the very nature of cause are obstinate cases that frequently show repeated relapses.

In the days of Socrates men were noted for their great mentality, in the days of Cæsar for their valor, in the days of Nero for their brutality, but for the day of all three of these with a possession of a Solomon we must wait for the nineteenth century. Strange that the example of history has not burnt her finger of warning so indelibly in the pages of time that she would not continue to repeat herself! That thoughtful men of the brightest age of time would be so blind to the impending dangers of this most glorious period, when men have more possession with less work, more knowledge with less study, more association with less display and more culture with less endeavor than has been in any other age. That with all these we are so blind we cannot enjoy them and come to the fullness of our heritage, but rather, as dumb creatures, are rushing on to our own destruction with the morbid belief that we must bear on our shoulders all the burdens that come our way.

The successful captain of industry plans his future by the achievements of the past, and as examples for the pace of living I am of the opinion that occasional periods of rest, in which we take a retrospective view of our progress, can be turned to good account in the estimate needs of the future.

I speak of this fastness as I do from the fact that, as physicians, we are the custodians of the health and well-being of the nation. To fail short in our whole duty in practice or example will ultimately lead our constituents to an untimely retrogression, when they should have been going on fulfilling their duty in aggression, possessing the priceless gift of prophesy and thus working out the divine plan to which they were created.

The result of all this unmindfulness is fruitful in the growing prevalence of nervous maladies, as evidenced by the "silver locks," the "wrinkled, deep-lined countenance," the stiff and trembling step, and the frequent and early retirement from the active business combat, which is but another way of confessing that age has placed her stamp irrespective of years, the result of which in many hands have been classed from cause and disease —Fas-To-Mania, living too fast.

The equipoise of life is attained by a combination of endeavors, and whenever any one of them is exercised to an excess evidence of the same must naturally become manifest in shock and disorganization. To maintain a perfect mental and physical being, which is the natural state, both must be used, as the rejuveniling of tissues which guarantees health is attained by perfect metabolism in every cell of the body daily, and when this does not occur from a balance of exercise a fertile field for disease has been formed.

The wrecks that are met almost daily should be a sufficient warning to cause thoughtful men to stop, question the cause and, having discovered the same, demand that men halt and so temper their habits that they might possess not only "filthy lucre," but a physiological health also.

As a result of this heedless pace lives are being sacrificed by thousands, families wrecked by hundreds, business interests jeopardized, principalities brought into wars that are devastating great areas of this land, which under ordinary circumstances would blossom like the rose, give life and plenty to all that *are* or may come to possess it and be a factor to ingratiate the earth.

Gentlemen of the medical profession, we should have long since taken up the propaganda of health. As a profession we must become the servants of the nation, thus correcting the errors of the race, giving back to them the joy of a long life, the ability of a manifold service, where now

we are deficient in our ministry. Through this service we will become a great influence in emptying our insane asylums, our charitable institutions will become less burdensome and sanitariums less congested. A host of human ills, as neurasthænia, hysteria, nervousness in a large degree, would be mitigated and man disenthralled will come into his own.

We will then have done our duty and the race will become a great people, of long, healthy, helpful lives, which was commanded in the beginning, and happiness in place of misery, with many *patriarchs,* will be the fruitage of our labors.

In presenting this subject we must try to analyze all of the causes which go to make up the picture; in a like manner plan to discover ways to remove and restore to the patient that which by right should be theirs.

First: Our very existence, with strife, competition and rules of decorum, so hedge us that we must give constant study in solving the problems of life. This in time has a tendency to become a mania that claims our time and thought so much that our governing ability, to secure rest, repose and to rebuild the product of vital expenditure, becomes exhausted and rest is impossible.

Second: Our habit of rapid, irregular and unsystematic eating tends to produce indigestion, fails to supply the body with the nourishment it needs, and often becoming overloaded with elements of waste resulting in auto-intoxication. What is necessary for the athlete and the laborer will be found detrimental to the mental worker or the person of sedentary habits, what is appropriate for the Arctic region would be prohibitive in the tropics; so conditions of state, occupation and environment will enter into the solution of this question, and to neglect a careful study of the same will assure failure for the efforts of the would-be physician and a continued exhaustion to the sufferer.

Third: Every organism and invention has its limitation, its requirement of power, as food, steam or heat, and needs for automatic control, to the governors and brakes sympathetic nervous system. Thus to regulate the normal physical and mental being the monitor is found in the *will*, and as such must be cultivated to maintain health or to regain it once it is lost.

My observation with men of great capacity, who have retained their youth and vigor, are given to regular habits, to short periods of relaxation and rest, and so order their lives that at no time they are in a flurry of excitement or so placed that vital energy is being wastefully expended. These men, with the easy poise of the mountaineer, the woodsman, the shepherd, and those whom are our great examples of temperate and long lives, give us ample opportunity for study, that, once understood, will give the earnest searcher after truth possession of information which properly applied will do much to turn the tide of this mad rush that is so fast devitalizing the homes and bodies of this generation.

An occasional rest, short periods of vacation, the regulation of our habits and proper application of our forces is necessary for the enjoyment of the fullness of life and the reaching of our three-score and ten years, so that the natural forces will pay out from a natural physiological process, devoid of disease, and the result of a ripe old age.

NOTES ON A CASE OF LOCOMOTOR ATAXIA.

BY S. C. WHITCOMB, M. D., HASTINGS, OKLA.

HALBERT tells us tabes dorsalis is a common disease of the spinal cord which represents eventually a progressive sclerosis of the posterior fibre tracts.

My own experience would not lead me to regard it as common, as I have met with but this one case in thirty years. However he states that syphilis is the most frequent cause and my practice has not been in the larger cities, hence I may have been more fortunate than our city brothers.

In this brief paper I do not propose to deal largely with the etiology or pathology, as the text-books cover the ground fully.

Symptoms are divided into three stages—the pre-ataxic, ataxic and paralytic. Halbert describes them so minutely and copiously that I will simply refer you to his description and call your attention to my case.

The subject was Miss Ida R., a dressmaker, aged about forty, and this was the second attack she had experienced, and probably her symptoms developed more swiftly than at the first attack, which was some ten years prior to the time I saw her.

I wish to say of that first attack (as she reported it to me) that the symptoms were nearly identical with the second attack. In the first case she received little or no benefit from home doctors and was persuaded to visit relatives near Cleveland, Ohio, and try a doctor there who had just returned from a visit to the post-graduate schools of Europe. He told her had she came to him one year earlier he would have said "Your case is hopeless," but I think I can cure you, which he did. Naturally with this experience on her part she diagnosed her trouble and assisted me materially in the treatment, for which I was profoundly grateful. I wish to speak a little further just here of the subject of this paper. She was the eldest of a family of five children and when about eighteen years of age her father "evaporated" (so to speak) and left the mother and five children without visible means of support. This girl worked often till 12 o'clock at night and every day to support the family and educate the younger children. Her mother being feeble, she took the place of

mother. Ten or twelve years of ceaseless work brought on the first attack.

The Ohio doctor warned her against this close application to her work, but she was a favorite and work came fast and she over-worked, and the second attack came and developed faster than the first. I do not know that she had the initial symptoms. She stumbled and fell one evening when out with the girls of her Sunday School class. The next day she consulted me and complained of prickling pains in her feet and limbs and trouble from walking. It was then she gave me her diagnosis, which I verified by applying the tests given in the text-books. If there were prodromal symptoms she did not speak of them and I found her in the ataxic stage at the beginning.

The case came under my care in January, 1899, and continued till March, 1901. From the start she complained of the fulgurating or lightning-like pains, first in her feet, then extending up her legs to body, arms and throat. In four or five months the paralytic stage was reached and it followed the course of the pains, first losing entire control of feet, legs and body. For three or four months she could not move a finger or a toe and during all these months there was no alleviation from pain. For the greater part of her illness she remained cheerful and hopeful, but one day I found her unusually depressed. She told me she felt the pains in her tongue and feared that would become paralyzed also. I said: "For heaven's sake, Ida, you must not let that happen. This town could not exist if your tongue should cease to wag." This was when the paralysis was at the maximum point and her poor tongue was the only part of her body she could move. Her speech was thick and tongue moved with difficulty, but it fortunately did not entirely cease. I do not approve of the medical man carrying gloom into a sick room. This I never do, so when she was in this helpless state I continued to joke and jolly her.

After some weeks I found her one day extremely bright and she told me she could move one of her fingers, which I insisted she should do to convince me. She moved it ever so little, but it was a motion under direction of her will and the first for months. Gradually she regained the power of motion, and as soon as we could move her about the room by the support of an assistant at each side we put her through a course of daily exercise. In a short time we tried the treatment that had been used before—that of suspension. At first we barely lifted her feet from the floor and immediately left her down. The next time we kept her suspended fifteen seconds, and each succeeding time we could gradually extend till at last we kept her suspended for three or three and a half minutes. She gained more rapidly after we began suspension, but she gained much before, so I conclude that medicines have some effect on these cases and that not *all* are hopeless.

I have read somewhere that "a homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the Law of Similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

So that all means I used—joking, jollying and even *hanging* her—came within the province of my profession. The remedies used were many, but one remedy I used persistently was Echinacea. I found no precedent for it, but I thought it would act well on the blood condition. The others used I selected according to the symptoms and their names are legion.

There was no syphilis in this case unless it came down from the third or fourth generation. I attribute the trouble to over-work and worry, for her mind was kept as busy as her hands. She recovered and, so far as I am informed, is working at her trade, dress-making, at the present time.

Treatment of Hopeless Cases of Tuberculosis.

M. W. McDuffie presents a preliminary report of the work in Ward Q of the Metropolitan Hospital of New York City during the past year in the treatment of so-called hopeless cases of pulmonary tuberculosis. There were 500 patients under observation, and the following therapeutic agents were employed: Mercury succinimide, mercury bichloride, mercury biniodide, arsenic troxide, salvarsan, mineralization, oils, Sherman's vaccines (letter P), combined bacterial vaccines (Van Cott), Schafer's vaccine or filtrate, Schafer's tuberculosis vaccine or filtrate, Cocheu's vaccine or filtrate, Duncan's autotherapy filtrate, tuberculin by mouth, tuberculin injections, antistreptococcus serum, quinine, baptisia, formaldehyde solution, salicylic acid, salicin, sodium salicylates, guaiacol, and vanadium, a total of twenty-six different forms of treatment. The author concludes from his observations that the treatment depends to a marked degree upon the stage of the disease. The tubercle bacilli cause less trouble and are more easily eliminated than the complicating mixed infection. All stages have the mixed infection to contend with. Immunity should be produced during childhood by the avoidance of excesses and right living. In freeing the organism of the germs, guaiacol mixture intravenously has given the best results up to the present time. To make the soil unfavorable for the bacterial growth, tuberculin is of value in the early stages; it is of no value in the latter stages. Vanadium, with which the author is now working, is regarded by the latter as a useful means of making the soil unfavorable for growth in the last stages and possibly in all stages.—*Exchange.*

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LEWIS P. CRUTCHER, M. D., - Associate Editor

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EDITORIALS.

BACK TO FIRST PRINCIPLES.

FOR a good many years after the advent of the Homœopathic School of Medicine practically every adherent to that school proudly proclaimed his faith in, and loyalty to, the principles for which it stood by announcing himself under any and all circumstances as a *Homœopathic* physician.

This specific title appeared on his professional card, his letter heads, his office window and, indeed, whenever his name was written or spoken.

It must be confessed that a few used the insignia "because there was *money* in it," but the vast majority adhered to it because there was *meaning* in it.

Whatever the motive for its application, the fact remains that the custom was popular and almost universal and the Homœopath who failed or refused to be identifiefid by title was looked upon with grave suspicion by his confreres.

Shortly after the (un) American Medical Association was changed from a *medical* organization to a *political* one, it issued one of its imperial edicts which was in effect that the use of the *word* Homœopath by the practicians of that peculiar system was very offensive to the philanthropic proponents of "a broad, all inclusive field of medicine" (especially since its use was "purely mercenary"), and that while there was no objection to any doctor *being a* Homœopath there was serious objection to his *saying so.* The result of submission to this ukase from Dearborn street was that a great opportunity for advertising Homœopathy to the world was lost for a good many years.

To-day the Homœopathic physician who has the hardihood to say so is conspicuously rare, albeit there are many who, in daily practice, consistently and persistently adhere to the principles and precepts of Homœopathy.

It is altogether probable that since the rapidly increasing army of patrons of Homœopathy had come to mean that there was some profit to be derived from its practice, that this was, after all, the basic reason for that universal-brotherhood-of-medical-men-movement that had its inception in the aforesaid office on Dearborn street,—for most certainly had not the use of the name (and the practice of the methods) of Homœopathy meant *something* to the Homœopath, and had not the disuse of the name (and the abandonment of the methods) meant a *great big something* to the throne "from which all truth in medicine emanates," then, be it said, we would never have received the official anouncement that the word Homœopathy must be killed and that its *friends* must do the killing.

It would seem, indeed, that with the many thousands of intelligent lay-citizens who are yet ever ready to express a distinct preference for Homœopathy that the least the practicians can do is to manifest an equal degree of loyalty to principle by announcing without blush or tremor on all of his printed matter and in every other available way that he is a *Homœopathic* physician. And he should be further stimulated to this action by the consciousness that when the rank and file of the Homœopathic profession quit *saying so,* then we're many erstwhile patrons of Homœopathy who quit *being so,* and the profession to-day stands before this painful realization in humility and shame. It is only the coward who, finding that he has taken the wrong path, refuses from fear of criticism to turn back, and the Homœopathic school should now call upon all the fearless souls within its ranks to right-about-face in search of the old road on which Definite Therapeutics once speedily traveled toward merited success.

The most sensible, practical way, without question, for "placing Homœopathy prominently before the public" is for every one of us to proclaim through these silent messengers—in season and out,—our fidelity to the cause and to insist that there always has been—and yet is,—a definite and meaningful difference between the practice of *Homœopathic medicine* and the practice of "any old kind" of medicine.

How many Homœopathic physicians are there in the United States to-day who are ready and willing to revert to first principles in this matter of *publicity for Homœopathy* by placing that splendid word in juxtoposition with their names? How many?

Let us covenant to the profession that henceforth each one of us will do his part toward the establishment of this much needed reformation, remembering that a *Homœopathic physician is one who subscribes to and practices The Law of Similars, The Single Remedy, and The Smallest Curative Dose*, AND WHO IS NOT AFRAID TO SAY SO.

L. P. C.

DENVER IN JULY, THE PLACE FOR YOU.

THE Local Committee of Arrangements meets and dines regularly every Thursday evening at the Albany Hotel, where the Institute is to hold its sessions in July. Each meeting is more largely attended and more interesting than the preceding.

If the happy, enthusiastic and concerted action of the members of this committee is any indication of what may be anticipated by those who come to the Institute the meeting will be a hummer; well worth the sacrifice in time and money necessary to attend.

The scientific sessions will be taken care of by those elected by the membership for that purpose; in this there promises to be no cause for misgivings. The Local Committee is bending its energies toward giving you the kind of entertainment which will make you doubly thankful that you came; thankful that you live, and thankful you can see Denver and Colorado under such favorable circumstances; towards showing you scenery that can be excelled nowhere in the world; forms of entertainment which are distinctive and typical of Colorado on its gala occasions, and other things which you have never seen elsewhere and may never see again. In how far the committee may succeed in its efforts remains to be seen by those who are fortunate enough to attend the A. I. H. in July. We who have heard the plans, which we are not at liberty to tell because some of the stunts are intended to surprise the seniors et al., believe no one will be disappointed except the fellow who stays away. Whether you are in the habit of attending the sessions of the Institute or not come to Denver; whether a member of the Institute or not—come. If a regular attendant, keep it up,—pass it along. If "a stay-at-home," break away. Come to Denver that you may have something pleasant to think and talk about in your later years; something to tell your children and your grandchildren. As for your wives and sweethearts, why of course you are expected to bring them with you. The ladies have plans for them which are sure to please.

PUBLICITY COMMITTEE.

THE ENTHUSIASTIC NORTHWEST.

IN an editorial, entitled the "Enthusiastic Northwest," the editor of the Institute Journal calls the enthusiasm of Dr. Casseday, of Portland, Oregon, worse than visionary because of his statement of the number of homœopathic physicians in the United States being fifty thousand, and the editor is right if Dr. Casseday's statement is not a typographical error. It seems to us, in spite of the fact of the subsequent figures, that the fifty was meant for fifteen, and we so corrected it in the MEDICAL CENTURY.

We, as we stated last month, believe heartily in Dr. Casseday's optimism. Even though he has brought forward nothing new, or nothing that was not already planned and in some instances carried out, he has kept the issue alive.

Furthermore we do not believe that Dr. Casseday's estimate of fifty thousand homœopathic physicians in the United States is a whit more visionary than Editor Horner's statement that the Council of Education, following the Kansas City meeting, "expended more than $5,000.00 in its work of propagandism," which is true; but that which is not true is the next statement, evidently made to infer that the Council on Medical Education has had funds, namely: "Following the California meeting some $10,000.00 were spent in a like effort."

The Council on Medical Education, following the California meeting to the meeting of the Institute at Pittsburgh, expended, according to the reports of the treasurer, Dr. Thomas Franklin Smith, the enormous sums of $167.90 (1911) and $178.85 (1912), or a grand total of $346.55, which is quite a distance from "some ten thousand dollars."

The editor has evidently gotten the Council of Education mixed up with the account of the Field Secretary and the *Journal* deficit account.

Of course, the editor of the *Journal* does not

agree with Dr. Casseday that no official journal is needed, yet Dr. Casseday's conception that the official journal is quite useless for propagandistic work is certainly correct. The official journal, whatever its merits, has had now three or four years of existence, and it must be admitted that the dreams of the original advocates of the scheme were of the "pipe" order. The *Journal* has not increased the membership of the Institute to any appreciable extent, and if it has not done this among our own, of what earthly use could it be in the great propagandistic field in which we are recruiting?

We need more men of the stamp of Dr. Casseday. Men who are enthusiastic and men who are practical, and not men who seek to place stumbling blocks in the road, nor to cavil at methods.

MISSOURI INSTITUTE OF HOMŒOPATHY.

THE Missouri Institute of Homœopathy held a most successful meeting in St. Louis, April 23, 24 and 25. The attendance was excellent and the program practical and instructive. Much had been done in the way of preparation for the meeting by Drs. Parsons, Ottofy and Bunte, of St. Louis; President Burch, of Carthage, and many others. There was something doing from start to finish. Excellent papers were read and discussed by members and the guests of the society. Entertainment was provided for the visitors of a high grade, and all went away with the determination to make the Missouri Institute of Homœopathy one of the strongest of our state societies.

One of the strengthening features was the expulsion of Dr. C. J. Luyties from the association because of his affiliating himself with the A. M. A. and signing a recantation of Homœopathy while yet a member of the Association. We say a strengthening feature, and we believe it, because no society can prosper with enemies in its own ranks. In war the deserter is shot and the spy is hung, but we in everyday life claim the right to affiliate ourselves with any sect in religion, science or law that we may see fit. Once affiliating ourselves we should not use, to its detriment, that affiliation as a stepping stone to others. No objections were made to Dr. Luyties or any other member's withdrawing from the Institute and going elsewhere, but after twenty years' affiliation with a homœopathic society to recant while still continuing membership was considered an act worthy of summary expulsion. If all our societies would act likewise their vertebral columns would not show the calcium deficiency that some of them manifest, and they would be strengthened and more respected by such action.

Among the visitors were the following: President of the American Institute of Homœopathy, W. B. Hinsdale, Ann Arbor, Mich.; Dr. George Royal, Des Moines, Iowa; Dr. Mary E. Hanks, Chicago, Ill.; Dr. C. E. Sawyer, Marion, Iowa; Dr. J. B. S. King, Chicago, Ill.; Dr. G. E. Dienst, Aurora, Ill., and Dr. W. A. Dewey, Ann Arbor, Michigan.

The following officers were elected for 1914:

President, Dr. Scott Parsons, St. Louis, Mo.

1st Vice-President, Dr. S. D. Henry, Excelsior Springs, Mo.

2d Vice-President, Dr. L. M. Ottofy, St. Louis, Mo.

Secretary, Dr. H. E. Young, Kansas City, Mo.

The next meeting place will be Kansas City, and we feel sure the Missouri Institute will be one of our most prosperous state organizations.

The papers presented to the meeting will, by vote, be printed in the MEDICAL CENTURY.

A GREAT VICTORY FOR HOMŒOPATHY IN IOWA.

THE State Legislature has just passed the following bill which re-establishes the chairs in the State Unversity that the Board of Education abolished last year.

"An act to provide for additional chairs in the College of Homœopathic Medicine of the State University of Iowa, additional to Chapter 168 of the Acts of the Sixteenth General Assembly.

"*Be it enacted by the General Assembly of the State of Iowa:*

"SECTION 1. The State Board of Education are hereby authorized and directed to establish three additional chairs in the College of Homœopathic Medicine of the State University of Iowa, to wit.: A chair of surgery, a chair of ophthalmology, otology, rhinology and laryngology, and a chair of gynæcology and obstetrics; to elect professors for such chairs; to fix the compensation for such professors, and to do such other acts as are necessary and proper for the execution of the powers and duties hereby conferred upon them."

Only those that have watched the stormy voy-

age of this bill can realize how great this victory really is. The house passed the bill 80 for and none against. This bill was voted down in the Senate. In a motion to reconsider the bill was passed in the Senate 31 for and 12 against. This makes a total 111 votes for and only 12 votes against the measure, which is certainly a great showing. (*Iowa Journal of Hom.*)

THE CALIFORNIA BOARD.

THE proposed medical practice act submitted to the Joint Committee of the California Legislature, to which has been referred all medical bills, is by far the fairest and most satisfactory medical bill ever offered in any state. And if it passes, as appears most likely, it ought to be a model for other states to follow.

This bill provides for a Board of Medical Examiners on which:

All existing schools using material means for cure are represented.

Establishes standards of qualifications for each.

Makes the representatives of each school responsible for the examinations of its own practitioners.

Provides for admission of practitioners licensed in other states prior to 1901, without examination, and for

Reciprocity after 1901.

Makes the California high school the basis of preliminary educational requirements.

By its provisions it overthrows the control assumed by the American Medical Assocoiation over California medical affairs; all that shrewd politicians from that school have gained by meddlesome legislation owing to the sense of security entertained in the past by the homœopathic school. But by far its most important feature is the regulation of all entrance requirements in making the California high school the basis of preliminary educational requirement, replacing the exacting and constantly increasing demands brought forward by the American Medical Association. Surely this is a sufficient guarantee of a student's fitness to begin the study of medicine. With the freedom thus provided, the smaller medical schools will be enabled to compete successfully with the great, endowed universities, whose sole aim, it seems, is to prepare men more for experts in scientific research than to produce general all-round practitioners. (*Pacific Coast J. of Hom.*)

NEWS ITEMS.

CALIFORNIA.

The members of the A. M. A. Medical Trust are making strenuous efforts against any change in the medical laws of the State. They have established headquarters in Sacramento, and their cry is: "Do not let down the bars." It is altogether likely, however, that a more liberal medical law will be enacted.

Dr. Charles E. Pinkham, of San Francisco, has been appointed secretary of the State Board of Medical Examiners.

ILLINOIS.

The Rock River Institute of Homœopathy met at Sterling on April 3. Dr. A. E. Smith, of Freeport, presided.

Hahnemann Medical College had a Home Coming Day, devoted to clinics and demonstrations, on March 27th.

The reorganized Northwestern Homœopathic Medical Society met in Rockford on the 10th of April. Papers were read by Drs. E. H. Pratt and H. V. Halbert, of Chicago.

IOWA.

Retoration of the Homœopathic College at the State University to its former strength is contemplated by a bill which went through the house without a dissenting vote.

The measure was introduced by Greene, of Grundy, It establishes three chairs, one of Surgery, one of Ophthalmology, Otology and Laryngology and one of Gynæcology and Obstetrics.

Cole, of Hancock, who is an allopathic physician, made the only speech against the bill on the floor.

The bill was finally passed by the Senate, 31 to 12.

LOUISIANA.

Dr. C. R. Mayer has been reappointed on the Homœopathic State Board of Medical Examiners. Dr. J. W. Belden succeeds Dr. M. F. Howe and Dr. R. A. Bayley succeeds Dr. Gayle Aikin.

MASSACHUSETTS.

The marriage is announced of Marion Preston Clark, a graduate of the Massachusetts Homœopathic Hospital Training School for Nurses (1910), and Dr. Ralph Cleaves Wiggins, a surgeon in the hospital at Braintree, Mass., Tuesday, March 25, 1913. They will reside at 84 Prescott street, Cambridge. Both are receiving the congratulations of hosts of friends and acquaintances.

Dr. Harry J. Lee has purchased a Hupmobile coupe

to aid him in his travels about Boston and to Lexington, where his family has gone for the summer months.

Dr. Albert W. Horr announces the removal of his office to Warren Chambers, 419 Boylston street, Boston, where he will treat diseases of the eye. His hours are from 1 to 4 P. M.

The Boston Journal, recently bought by "Mat." Hale, of Boston, to be run as a Bull Moose paper, has the following anecdote relating to Dr. DeWitt G. Wilcox, of Brookline. In a lecture at the Evans Memorial Building the doctor was speaking of a kind of "brain fag," in which the victim cannot think of the word he wants to use. "You have probably experienced this," said the doctor. "Your mind knows perfectly well what it wants to express, but the brain does not respond. I have known cases when the only word that came out was 'damn,' but that expressed everything." Some time ago Dr. Wilcox wrote the Journal regarding their patent medicine advertisements. A reply received some time later told the doctor his letter had been considered and the paper had decided to discontinue all objectionable advertisements. A Boston doctor—Dr. Hugh Cabot—has been appointed censor, and ads. he thinks objectionable will not be admitted to the paper.

Virginia Seely, one of the Seely quadruplets, of Dorchester, died in March from pneumonia, at the age of eight months. The other three children are all thriving. These children have attracted attention from all over the country.

Dr. Harriet E. Reeves has issued to the medical profession a neat leaflet of facts regarding her Nervine at Melrose Highlands, a home of some twenty rooms for nervous cases. Dr. Reeves has had experience as a physician at the Westboro State Hospital.

Dr. William F. Wesselhoeft and Dr. Thomas Chandler went on duty as surgeons for three months at the Massachusetts Homœopathic Hospital April 1st. Dr. Ralph C. Wiggin is assistant to Dr. Wesselhoeft and Dr. Harry J. Lee to Dr. Chandler. The plan of two assistants has been dropped, with the idea, presumably, of giving the one assistant more work. The resignation of Dr. Horace Packard, leaving a vacancy on the surgical staff, will be filled by the present surgeons doubling their services instead of appointing one of the assistants to the staff. At the O. P. D. Surgical Department Dr. Herbert Boyd and Dr. Frank Sedgely are on duty.

The eighth annual report of the Arlington Health Resort and the Ring Sanatorium at Arlington Heights has been issued by the doctors in charge, Allan Mott Ring, Arthur H. Ring and Barbara T. Ring. There were 79 patients treated from June 1, 1911, to June 1, 1912, an increase of 16 over the year preceding. The report discussed fourteen cases in a very interesting manner and two micro-photographs were given of one case.

The annual report of the Massachusetts Homœopathic Hospital (its forty-third report) has just been distributed to the medical profession. One medical journal, old school, in reviewing it, states that the report has been received and they note there was a deficit of some $17,000. But there were 20,924 patients treated in the various departments during the year, in a hospital with something under 400 beds. This was an increase of several hundred patients over last year. The maternity department has increased by some 200 patients and occupies 61 beds in the main hospital, or nearly one-fourth of the beds of the main building. A separate maternity building, much needed, will add to the usefulness of the main building. The Clark Ward for children is crowded most of the time and the demand for private rooms exceeds the supply. The work of Dr. Frank C. Richardson, in connection with the Evans Memorial Building, and Dr. William O. Mann, superintendent, are especially commended by the Trustees. A night superintendent, Dr. W. W. Gleason, has been added to the force at the main building. Since the opening of the Evans Memorial there have been in attendance at the various meeting and health talks nearly 5,000 people. Drs. Walter Wesselhoeft and John P. Sutherland have retired from active service as physicians.

At the regular meeting of the Boston Section of the State Society held in the Evans Memorial Building in April Dr. J. Emmons Briggs gave a talk on X-Ray Surgery, illustrated by X-Ray photographs thrown on a stereopticon screen.

Mrs. Elsie Turner Keith, wife of Dr. Laurence F. Keith, of Wareham, died at her home April 4, 1913, from an over-dose of chloroform taken as medicine. Mrs. Keith was 27 years old and was married two years ago. Her father and husband survive her. Interment was in Wareham, Monday, April 7, 1913.

The Supreme Court of Massachusetts has over-ruled objections made by Dr. Charles S. Gleason, of Wareham, to a verdict for $3,000 against him in a suit brought by a young lady the doctor had injured in 1905 by running into a team in which the young lady was riding.

Dr. and Mrs. Horace Packard, of Boston, are on the way to Japan for a trip of some months' duration. Dr. Harry J. Lee, of the Charlesgate, Boston, is attending Dr. Packard's surgical work.

Dr. James Tucker Cutler, of Boston (Roxbury), died recently at his home after a brief illness of pneumonia. He was a graduate of Williams College, 1890; Harvard Medical School and Boston University Medical, 1894. He was a member of the Massachusetts Homœopathic Medical Society, 1900.

Dr. James Krauss, of Boylston street, Boston, has issued a twelve-page printed statement to the members of the Massachusetts Homœopathic Medical Society, entitled "Clinical Research and the Medical Board of the Massachusetts Homœopathic Hospital," in which he sets forth his treatment as Chairman of the Committee of Clinical Research of the American Institute of Homœopathy by the Medical Board. Dr. Krauss claims the Board has not attempted to carry out the wishes of the State Society in the matter of clinical research at the hospital, and presents his story, with letters, etc., to the members of the State Society for further action.

Dr. George H. Earl, of Boston, has been enjoying a vacation in Jamaica. His son, Theodore, is carrying his arm in a sling as the result of trying to crank some one else's car, as a favor, some time early in April.

The meeting at the Evans Memorial Building Tues-

day evening, when Dr. Howard Nowell presented his research work in the cancer line, was an intensely interesting one, and it seems that Dr. Nowell has put the Evans Memorial Building and the Research Laboratories to the front in Boston for a while. Through technical experiments, covering three years, details of which will soon appear in the medical journals at home and abroad, Dr. Nowell has worked up a serum which he will soon treat cases of carcinoma with. The last year Dr. Nowell has spent five hours a day in the laboratory on his research work, and has had all steps of his work verified by prominent pathologists all over the country. Wednesday, April 9, Dr. Nowell exhibited to physicians pathological material and slides; also the bio-chemical products obtained from his research work. The exhibit was in the Memorial Building from 10 to 12 A. M.

The forenoon session of the State Society was held at the hospital ampitheatre in the form of a Surgical Clinic. In the afternoon G. Forrest Martin, of Lowell, presented a paper on "The Treatment of Scarlet Fever;" Prof. Nelson M. Wood, of Charlestown, one on "The Diagnosis and Treatment of Pneumonia in Children," and Conrad Wesselhoeft, of Boston, read a paper on "A Study of the Relation of Quinine to Malaria, Based on Laboratory and Clinical Findings." Four members were admitted to the society: Edna B. Averill, of Boston; Enos E. Bowen, of Boston; John E. Kinney, of Boston, spoke, urging particularly an endowment fund

The banquet in the evening was at Young's Hotel, and was followed by the address of the president, George Southwick, M. D., and other addresses. President Murlin, of Boston University; Dr. N. Emmons Paine, of West Newton, and Dr. John L. Coffin, of Boston spoke, urging particularly an endowment fund for the medical school. Dr. Wesley Lee was toastmaster. The officers of the society for the ensuing year are: Dr. Plumb Brown, of Springfield, president; Dr. John H. Payne, of Boston, and Dr. Mary A. Leavitt, of Somerville, vice-presidents; Dr. E. S. Calderwood, of Roxbury, secretary; Dr. B. T. Loring, of Watertown, associate secretary; Dr. T. M. Strong, of Boston, treasurer, and Dr. George R. Southwick, of Boston, chairman of the Board of Censors. Quite a bit of newspaper publicity was given Dr. Nowell's paper; also the work of the sessions of the society.

MICHIGAN.

Dr. Geo. L. Le Fevre, of Muskegon, has been appointed a member of the State Board of Medical Registration vice Dr. J. H. Cowell, of Saginaw.

MISSOURI.

Dr. F. B. Tiffany has returned from a tour of the Eye and Ear Clinics of the world, and is located at 803 McGee St., Kansas City.

NEW JERSEY

The Montclair Homœopathic Medical Society has given $650 to the Mountainside Hospital because the hospital is open to homœopathists. The society has $15,000 as the nucleus of a fund with which to build a hospital that shall be open to all medical schools.

NEW YORK.

A six-story hospital for the New York Homœopathic Medical College and Flower Hospital will be erected at 64th street and Avenue A. It will cost $140,000.

The twenty-ninth annual meeting of the Western New York Homœopathic Medical Society was held at the Rochester Club. Three members of the faculty of the Homœopathic Medical College of the University of Michigan attended as guests of honor.

A splendid program of addresses was prepared for both afternoon and evening sessions.

OHIO.

Dr. S. P. Kramer, an old school physician, of Cincinnati, reports that seven cases of meningitis have died as a result of the Flexner serum treatment. He believes that the Trikresol used as a preservative is dangerous and has a paralyzing effect. It is quite likely that the serum will go the way of other like fads.

The Curriculum Committee of the Cleveland-Pulte Medical College institutes for the coming year additional entrance requirements. A year of college work is required, which shall include general biology, general chemistry, and one language other than English. Following the four years' college course, a year of hospital experience will be required. This is in line with the recommendations adopted by the newly formed College Alliance, which resulted from the suggestions made by President Hinsdale to the Board of Trustees of the Institute at their December meeting.

H. L. Frost,
Chairman of Committee.

OKLAHOMA.

The following officers were elected at the recent meeting of the Oklahoma Institute of Homœopathy for the year 1914: President, Dr. C. R. Phelps, Oklahoma City; Vice-President, Dr. Bertram Johnson, Avant; Secretary, Dr. W. W. Osgood, Muskogee; Treasurer, Dr. Leota Cunningham, Tulsa. The meeting in 1914 will be held in Oklahoma City.

OREGON.

The Round Table Club of Homœopathic Physicians of Portland, Oregon, was organized as an informal group of men to meet every two weeks, have dinner together at 6:30 P. M. at some grill, club, or hotel, where a private dining room is available, followed by a paper by one member of the group and a full discussion participated in by each member of the group as he is called upon by the chairman. There soon developed a feeling of comradie and good fellowship, which promoted free expression of opinion, the willingness to give and take banter or radical criticism. The result was so gratifying that a formal organization

has been made—and the Round Table has become a permanent and effective organization for the promotion of Homœopathy in this community and the state or Oregon. The present officers are: President, Charles Billington, M. D.; Secretary David Breuer, M. D., Corbett Building, Portland, Oregon. Like our new President, Woodrow Wilson, we are going to try out some innovations. We are not bound by precedent or tradition, and we propose to boom homœopathy all along the line. We have so much enthusiasm that it overflowed, and we are passing it along to every State in the Union—that is the Oregon plan. Keep your eye on Oregon and the Round Table Club of Portland, the Rose City of the Pacific.

FRANK FISKE CASSEDAY, M. D.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting in the Elkin's Memorial Clinical Amphitheatre of Hahnemann Hospital on Thursday evening, March 13, 1913, at 8:30 P. M. The scientific program consisted of the following:

"The Intravenous Method of Administering Ether," Wm. F. Honan, M. D., New York.

"Demonstrations of the Intravenous Administration of Ether," J. Wyllis Hassler, M. D., N. Y.

"Operations Upon Cases Intravenously Etherized," W. B. Van Lennep, M. D., Philadelphia.

Great interest was shown at the meeting by a large number of members present.

W. M. SYLVIS, M. D., *Sec'y.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, March 15, 1913, at 8:30 P. M. The papers read were as follows:

"Purulent Pericarditis," O. H. Paxson, M. D.

"Demonstration of the Organism of Sleeping Sickness," Geo. A. Hopp, M. D.

"Studies in Giant Cell Sarcoma," J. D. Elliot, M. D.

"Multiple Septic Arthritis Complicating Pregnancy," F. J. Froach, M. D.

Several interesting clinical cases were presented, and much interest was shown at the meeting by a large number of members who were present.

BENJ. K. FLETCHER, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Union League, Broad and Sansom Sts., on Monday, March 17, 1913, at 9 P. M. A paper for discussion was presented by Dr. Percy H. Ealer, the title being "The Problem of the Social Evil So-Called," which proved to be a very interesting feature of the occasion. There was a large attendance of members, and a delightful time was had by those present.

L. W. THOMPSON, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Anna D. Sarner, 616 Wood Street. A paper on "Acute Gastritis" was read by Dr. Jane N. Gilliford, of Pomeroy, O., and was enjoyed by all present. Dr. Mary E. Coffin gave a review of the remedies most often indicated in acute gastritis, which proved very interesting. Dr. Ellen Walker delivered some very interesting remarks upon the subject of "Anæsthesia." The meeting was well attended and was enjoyed by all present.

LYDIA B. PIERCE, M. D., *Sec'y.*

House votes to require one year's service as hospital interne. The amendment to the Medical Licensure Act, providing that all graduates must serve one year as internes in hospitals before taking state examination, was passed on April 1, 1913, at Harrisburg, Pa., in the House 127 to 47. Dr. Newbaker, Montour, said the idea was to protect the state from medical colleges which have less stringent requirements than Pennsylvania institutions,

Five year course for medical students. Hereafter students in schools belonging to the Association of American Medical Colleges will be forced to take a five year instead of a four year course as at present. A resolution to this effect was adopted at the closing session of the Association at Chicago on February 26, 1913.

There are now thirty colleges which enforce a two years' collegiate course preparatory to admittance to a medical college, and five others have adopted the same rule effective January 1. 1914. The resolution as adopted raised the entrance standard for all the colleges in the Association after January 1. 1914, to include a year of college work in physics, chemistry, animal biology and a modern language.

New course at Hahnemann. The Hahnemann Medical College has inaugurated a new system which will require students at the institution to complete a six years' course of instruction before they are graduated.

The new regulations will require a preliminary year's course in biology, physical chemistry, both organic and inorganic; physics and modern languages before the student is permitted to begin a four years' course in medicine. This must be supplemented by a compulsory course of one year in hospital work.

The preliminary year's work, it was explained, was made necessary because so many of the preparatory schools are unable to keep pace with the advance in pre-medical education.

Five city hospitals will be open to Hahnemann graduates for the year of interne work required under the new regulations. They are Hahnemann, St. Luke's, Children's Homœopathic, Women's Homœopathic and West Philadelphia Homœopathic Hospitals.

Hahnemann fiscal report. The twenty-seventh annual meeting of the Hahnemann Hospital Association was held at the Bellevue-Stratford on March 12, 1913. Miss I. Semple acted as president *pro tem.* The report of the general treasurer, Charles Perkins, showed returns from patients treated in the wards of the hospital during the past year amounting to $6,000.00, and from those occupying private rooms $49,000.00. The corresponding secretary reported several donations from private individuals. Addresses were delivered by Bishop Garland, Dr. W. W. Speakman and Dr. Gilbert J. Palen.

The Homœopathic Medical Society of Delaware County held its regular monthly meeting in the staff room of the J. Lewis Crozer Hospital, Chester, Pa., on

Thursday, March 20, 1913, at 3:30 P. M. Dr. Oliver B. White, of Hahnemann Maternity Hospital, read a paper on "Abortion," which was well presented, after which the members viewed the new X-ray outfit of the hospital which was on exhibition. The meeting was an interesting one, and was well attended.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. M. D. Faunce, 1217 E. Susquehanna Ave., on Wednesday, March 19, 1913. An interesting paper on "Diphtheria" was read and enjoyed by all present. There was a full attendance of members, and the meeting was full of interest.

JOHN D. BOOILEAU, M. D., *Sec'y.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Anna Johnston, 5016 Liberty Ave., Pittsburgh, Pa., on Thursday, April 3, 1913, at 8 P. M. Dr. Johnston read a paper on "Pneumonia," which was very interesting, and was well presented, after which a hearty discussion was entered into. A large number of members were present, and an enjoyable time was had by those present.

LYDIA B. PIERCE, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the office of Dr. Percy A. Tindall, 1613 South Broad Street, on Monday, March 24, 1913. Some very interesting papers were read and enjoyed by all present. There was a full attendance of members, and a delightful time was had by those present.

PERCY A. TINDAL, M D., *Sec'y.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held their "Hahnemann Birthday Celebration" on Tuesday, April 8, 1913, at Chester, Pa., in the Y. M. C. A. building at 1:30 P. M. The Hahnemann address was made by Augustus Korndœrfer, M. D., who handled the subject in a very able manner. A talk on "Aural Diseases," with lantern slides, was given by Dr. Gilbert J. Palen, and which proved to be a very interesting feature of the occasion, after which the members were entertained by the physical director, Carl B. Sanford, who gave some very interesting demonstrations. The annual planked Dalaware river roe shad dinner was then served to all present, and was thoroughly enjoyed by all members.

ISAAC CROWTHER, M. D., *Sec'y.*

OBITUARY.

Dr. Arthur E. Gue.

Oklahoma, Okla., Mar. 11. Chicago Homœopathic Medical College, 1890.

Dr. J. E. Welliver.

Dayton, O., Mar. 14, æt. 61. Pulte Medical College, 1877.

Dr. George S. Adams.

Stamford, Conn., Mar. 17, æt. 64. Hahnemann Medical College, Philadelphia, 1876.

Dr. Albert J. Evans.

Pasadena, Cal., Feb. 26, æt. 67. Hahnemann Medical College, Philadelphia, 1871.

Dr. Warren F. Robberts.

Marshall, Mich., Mar. 3, æt. 51. Hahnemann Medical College, Chicago, 1884.

Dr. Hamilton Graham.

Kennett Square, Pa., Feb. 22. Hahnemann Medical College, Philadelphia, 1892.

Dr. William Zoller.

Fort Plain, N. Y., April 3, æt. 67.

Dr. Jared G. Baldwin.

New York, April 11, æt. 86. Dr. Baldwin was the second oldest homœopathic physician in New York City and was a Censor of the New York Homœopathic Medical College.

Dr. James T. Cutler.

Roxbury, Mass., Mar. 15, æt. 48. Dr. Cutler graduated in 1894 from Harvard, but has ever been a practitioner of Homœopathy.

Dr. James C. French.

Natchez, Miss., Mar. 19, æt. 58. Pulte Medical College, 1875.

Dr. Joseph Currie.

Beverley, N. J., Mar. 24, æt. 68. Hahnemann Medical College, Philadelphia, 1866.

Mr. John B. Delbridge.

Formerly of the firm of Gross and Delbridge, homœopathic pharmacists, died at Pontiac, Ill., on March 21, at the residence of his son.

The Surgical Ligature.

J. G. Mumford notes that Ambrose Paré never dreamed of claiming that he had invented the ligature. This was used by Galen and by many others in ancient times to control hemorrhage from wounds; but strangely enough the thought of controlling hemorrhage from amputation wounds seems to have occurred to none before the time of Paré.

Bacteriology of Peritonitis.

M. Fishbein states that peritonitis would seem to be most commonly associated, bateriologically, with a combination of the *Bacillus coli* and other organisms, usually staphylococci and streptococci. The origin clinically is usually endogenous, the affections of the appendix being of major importance, the female organs of generation being next in importance. Exogenous peritonitis is becoming exceedingly rare with the improvement of aseptic technique in the handling of wounds and in operative methods.—*American Journal of the Medical Sciences.*